

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION MDL No. 2804
OPIATE LITIGATION Case No. 17-md-2804

This document relates to: Judge Dan
 Aaron Polster

The County of Summit, Ohio,
et al., v. Purdue Pharma, L.P.,
et al.
Case No. 17-OP-45004

The County of Cuyahoga v. Purdue
Pharma, L.P., et al.
Case No. 17-OP-45090

The City of Cleveland, Ohio v.
Purdue Pharma, L.P., et al.
Case No. 18-OP-45132

Videotaped Deposition of Allisyn Leppla
Cleveland, Ohio
January 15, 2019
9:18 a.m.

Reported by: Bonnie L. Russo
Job No. 3191877

<p style="text-align: right;">Page 2</p> <p>1 Deposition of Allisyn Leppla held at:</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6 Napoli Shkolnik, PLLC</p> <p>7 55 Public Square</p> <p>8 Suite 2100</p> <p>9 Cleveland, Ohio 44113</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15 Pursuant to Notice, when were present on behalf</p> <p>16 of the respective parties:</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1 APPEARANCES (CONTINUED):</p> <p>2 On behalf of CVS Indiana, LLC and CVS Rx</p> <p>3 Services, Inc :</p> <p>4 ZUCKERMAN SPAEDER, LLP</p> <p>5 DANIEL P. MOYLAN, ESQ</p> <p>6 100 East Pratt Street, Suite 2440</p> <p>7 Baltimore, Maryland 21202</p> <p>8 410-332-0444</p> <p>9 dmoylan@zuckerman.com</p> <p>10</p> <p>11 On behalf of AmerisourceBergen Drug</p> <p>12 Corporation:</p> <p>13 MICHAEL J. SALIMBENE, ESQ</p> <p>14 (Via Teleconference)</p> <p>15 REED SMITH, LLP</p> <p>16 Three Logan Square, Suite 3100</p> <p>17 1717 Arch Street</p> <p>18 Philadelphia, Pennsylvania 19103</p> <p>19 215-241-7910</p> <p>20 msalimbene@reedsmith.com</p> <p>21 On behalf of McKesson Corporation:</p> <p>22 COVINGTON & BURLING, LLP</p> <p>23 JOHN W. ZIPP, ESQ</p> <p>24 (Via Teleconference)</p> <p>25 One CityCenter</p> <p>850 Tenth Street, N W</p> <p>Washington, D C 20001</p> <p>202-662-6000</p> <p>jzipp.com</p> <p>On behalf of Mallinckrodt and Spec Gx, LLC:</p> <p>JOSH GOLDSTEIN, ESQ</p> <p>ROPES & GRAY, LLP</p> <p>Prudential Tower</p> <p>800 Boylston Street</p> <p>Boston, Massachusetts 02199</p> <p>617-951-7000</p> <p>joshua-goldstein@ropesgray.com</p> <p>-and-</p> <p>JESSICA R. SORICELLI, ESQ</p> <p>ROPES & GRAY, LLP</p> <p>1211 Avenue of the Americas</p> <p>New York, New York 10036</p> <p>212-596-9000</p> <p>jessica.soricelli@ropesgray.com</p> <p>Also Present: Daniel Russo, Videographer</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES:</p> <p>2 On behalf of Cuyahoga County:</p> <p>3 SHAYNA E. SACKS, ESQ</p> <p>4 NAPOLI SHKOLNIK, PLLC</p> <p>5 360 Lexington Avenue, 11th Floor</p> <p>6 New York, New York 10017</p> <p>7 212-397-1000</p> <p>8 ssacks@napolilaw.com</p> <p>9 On behalf of Johnson & Johnson and Janssen</p> <p>10 Pharmaceuticals, Inc</p> <p>11 GIUSEPPE W. PAPPALARDO, ESQ</p> <p>12 TUCKER ELLIS, LLP</p> <p>13 950 Main Avenue</p> <p>14 Suite 1100</p> <p>15 Cleveland, Ohio 44113</p> <p>16 216-592-5000</p> <p>17 gwp@tuckerellis.com</p> <p>18 On behalf of Walmart, Inc</p> <p>19 KRISTIN S.M. MORRISON, ESQ</p> <p>20 JONES DAY</p> <p>21 North Point</p> <p>22 901 Lakeside Avenue</p> <p>23 Cleveland, Ohio 44114</p> <p>24 216-586-3939</p> <p>25 kmorrison@jonesday.com</p> <p>On behalf of Endo Pharmaceuticals, Inc , Endo</p> <p>Health Solutions, Inc , Par Pharmaceuticals,</p> <p>Inc and Par Pharmaceutical Companies, Inc :</p> <p>NICOLE LEIBOW, ESQ</p> <p>(Via Teleconference)</p> <p>ARNOLD & PORTER</p> <p>250 West 55th Street</p> <p>New York, New York 10019</p> <p>212-836-7838</p> <p>nicole.leibow@arnoldporter.com</p> <p>On behalf of Cardinal Health, Inc :</p> <p>WILLIAMS & CONNOLLY, LLP</p> <p>PAUL E. BOEHM, ESQ</p> <p>MELINDA JOHNSON, ESQ</p> <p>725 12th Street, N W</p> <p>Washington, D C 20005</p> <p>202-434-5000</p> <p>pboehm@wc.com</p> <p>mkjohnson@wc.com</p>	<p style="text-align: right;">Page 5</p> <p>1 C O N T E N T S</p> <p>2 EXAMINATION OF ALLISYN LEPPLA PAGE</p> <p>3 BY MR. BOEHM 10</p> <p>4 BY MR. GOLDSTEIN 357</p> <p>5 BY MR. MOYLAN 378</p> <p>6</p> <p>7</p> <p>8 EXHIBITS</p> <p>9 Exhibit 1 Curriculum Vitae of 25</p> <p>10 Allisyn Leppla</p> <p>11 CUYAH_O14186737-738</p> <p>12 Exhibit 2 E-Mail dated 2-6-14 44</p> <p>13 Attachment</p> <p>14 CUYAH_014181244-1248</p> <p>15 Exhibit 3 Cuyahoga County 114</p> <p>16 Board of Health</p> <p>17 2010 Annual Report</p> <p>18 Exhibit 4 Cuyahoga County 119</p> <p>19 Board of Health</p> <p>20 2012 Annual Report</p> <p>21 Exhibit 5 Article entitled 138</p> <p>22 "Cuyahoga County Aims</p> <p>23 to Reduce Overdose Fatalities"</p> <p>24 CUYAH_014188900-901</p> <p>25</p> <p>Exhibit 6 Symposium Agenda 170</p> <p>7-29-09</p> <p>ODH_MD_L1st Production_000980-981</p> <p>Exhibit 7 List of Attendees 172</p> <p>ODH_MD_L3rd Production_00001-16</p> <p>Exhibit 8 E-Mail dated 1-17-14 178</p> <p>CUYAH_-14211495-500</p> <p>Exhibit 9 E-Mail Chain 183</p> <p>dated 12-21-16</p> <p>CUYAH_014195639-642</p>

<p style="text-align: right;">Page 6</p> <p>1 EXHIBITS (CONTINUED):</p> <p>2 Exhibit 10 Ohio Prescription Drug Abuse Task Force: Final Report Task Force Recommendations 228</p> <p>3</p> <p>4 Exhibit 11 Article Draft 249</p> <p>5 CUYAH_014181983-987</p> <p>6 Exhibit 12 PowerPoint Deck 268</p> <p>7 Prescription for Prevention: Stop the Epidemic 2-6-13</p> <p>8</p> <p>9 Exhibit 13 E-Mail Chain 292</p> <p>10 dated 8-13-14</p> <p>11 CUYAH_014178416-420</p> <p>12</p> <p>13 Exhibit 14 E-Mail Chain 331</p> <p>14 dated 9-24-15</p> <p>15 CUYAH_014231470-471</p> <p>16</p> <p>17 Exhibit 15 PowerPoint Deck 340</p> <p>18 Violence and Injury Prevention Program</p> <p>19 CUYAH_014191053-073</p> <p>20</p> <p>21 Exhibit 16 Data Brief, Volume One, 2016 343</p> <p>22 SUMMIT_000874244-248</p> <p>23</p> <p>24 Exhibit 17 Undetermined risk factors for fentanyl-related overdose deaths Ohio 2015 (EpiAid 2016-003) 354</p> <p>25 CUYAH-014244398-450</p> <p>Exhibit 18 Northeast Ohio Hospital Opioid Consortium Goals and Objectives 371</p> <p>(Exhibits attached with transcript)</p>	<p style="text-align: right;">Page 8</p> <p>1 videographer. The court reporter is Bonnie</p> <p>2 Russo from the firm Veritext Legal Solutions.</p> <p>3 Counsel and all present in the room</p> <p>4 and everyone attending remotely will now state</p> <p>5 their appearances and affiliations for the</p> <p>6 record.</p> <p>7 MS. SACKS: Shayna Sacks for the</p> <p>8 plaintiff and the witness, Napoli Shkolnik.</p> <p>9 MR. BOEHM: Paul Boehm for Cardinal.</p> <p>10 And I'm joined by colleague Melinda Johnson.</p> <p>11 We're from Williams & Connolly.</p> <p>12 MR. GOLDSTEIN: Joshua Goldstein,</p> <p>13 Ropes & Gray -- Ropes & Gray, on behalf of</p> <p>14 Mallinckrodt, LLC, and Spec Gx, LLC.</p> <p>15 MS. SORICELLI: Jessica Soricelli,</p> <p>16 Ropes & Gray, on behalf of Mallinckrodt, LLC,</p> <p>17 and Spec Gx, LLC.</p> <p>18 MR. MOYLAN: Dan Moylan, Zuckerman</p> <p>19 Spaeder, on behalf of the CVS defendants.</p> <p>20 MR. PAPPALARDO: Giuseppe Pappalardo</p> <p>21 with Tucker Ellis on behalf of Johnson &</p> <p>22 Johnson and Janssen Pharmaceuticals.</p> <p>23 MS. MORRISON: Kristin Morrison of</p> <p>24 Jones Day on behalf of Wal-Mart.</p> <p>25 THE VIDEOGRAPHER: Will the court</p>
<p style="text-align: right;">Page 7</p> <p>1 P R O C E E D I N G S</p> <p>2</p> <p>3 THE VIDEOGRAPHER: Good morning.</p> <p>4 We are going on the record at 9:18</p> <p>5 a m. on January 15th, 2019.</p> <p>6 Please note that the microphones are</p> <p>7 sensitive and may pick up whispering, private</p> <p>8 conversations and cellular interference.</p> <p>9 Please turn off all cell phones or place them</p> <p>10 away from the microphones as they can interfere</p> <p>11 with the deposition audio. Audio and video</p> <p>12 record willing continue to take place unless</p> <p>13 all parties agree to go off the record.</p> <p>14 This is Media Unit 1 of the video</p> <p>15 recorded deposition of Allison Leppla, taken by</p> <p>16 counsel for defendant in the matter of In Re</p> <p>17 National Prescription Opiate Litigation, filed</p> <p>18 in the United States District Court for the</p> <p>19 Northern District of Ohio, Eastern Division,</p> <p>20 case No. 17-MD-2804.</p> <p>21 This deposition is being held at</p> <p>22 Napoli Shkolnik, PLLC, located at 55 Public</p> <p>23 Square, Suite 2100, Cleveland, Ohio.</p> <p>24 My name is Daniel Russo from the</p> <p>25 firm Veritext Legal Solution. And I am your</p>	<p style="text-align: right;">Page 9</p> <p>1 reporter please swear in the witness.</p> <p>2 THE REPORTER: Can we get the</p> <p>3 appearances on the phone, please.</p> <p>4 THE VIDEOGRAPHER: Okay.</p> <p>5 MR. BOEHM: I'm going to arbitrate.</p> <p>6 Nicole, you go first.</p> <p>7 MS. LEIBOW: Okay. Nicole Leibow of</p> <p>8 Arnold Porter appearing on behalf of Endo and</p> <p>9 Par defendants.</p> <p>10 MR. SALIMBENE: And this is Michael</p> <p>11 Salimbene from Reed Smith for</p> <p>12 AmerisourceBergen.</p> <p>13 MR. ZIPP: John Zipp from Covington</p> <p>14 & Burling on behalf of McKesson.</p> <p>15 THE VIDEOGRAPHER: Will the reporter</p> <p>16 swear in the witness.</p> <p>17</p> <p>18 ALLISYN LEPPLA,</p> <p>19 being first duly sworn, to tell the</p> <p>20 truth, the whole truth and nothing but the</p> <p>21 truth, testified as follows:</p> <p>22</p> <p>23 THE VIDEOGRAPHER: You may proceed,</p> <p>24 Counsel.</p> <p>25 MR. BOEHM: Thank you.</p>

<p style="text-align: right;">Page 10</p> <p>1</p> <p>2 EXAMINATION BY COUNSEL FOR DEFENDANT CARDINAL</p> <p>3 HEALTH</p> <p>4 BY MR BOEHM:</p> <p>5 Q And good morning, Ms Leppla</p> <p>6 Thank you --</p> <p>7 A Good morning</p> <p>8 Q -- for being here</p> <p>9 Would you please state and spell</p> <p>10 your full name for the record</p> <p>11 A Sure</p> <p>12 My name is Allisyn Leppla, spelled</p> <p>13 A-L-L-I-S-Y-N, Leppla, L-E-P-P-L-A</p> <p>14 Q Thank you very much</p> <p>15 We introduced ourself off the</p> <p>16 record, but just again for the record, my name</p> <p>17 is Paul Boehm I'm going to be asking you some</p> <p>18 questions today I represent one of the</p> <p>19 defendants in this lawsuit</p> <p>20 Have you ever been deposed before</p> <p>21 today?</p> <p>22 A I have not</p> <p>23 Q Okay Did you do anything to</p> <p>24 prepare for your deposition today?</p> <p>25 A I consulted with my lawyers</p>	<p style="text-align: right;">Page 12</p> <p>1 Q. Okay. And then you said you met</p> <p>2 with Ms. Sacks?</p> <p>3 A. Correct.</p> <p>4 Q. Is that correct?</p> <p>5 A. That is correct.</p> <p>6 Q. And did you indicate that you had</p> <p>7 met with other lawyers in addition to Ms. Sacks</p> <p>8 to prepare for your deposition?</p> <p>9 A. Just the scheduling conversations</p> <p>10 that I had in order to get the deposition</p> <p>11 scheduled, in -- including the phone</p> <p>12 conversation that I had with Tom O'Donnell.</p> <p>13 Q. Okay. Setting aside the telephone</p> <p>14 conversation with Mr. O'Donnell, did you have</p> <p>15 in-person meetings with lawyers --</p> <p>16 A. I did not.</p> <p>17 Q. -- in preparation?</p> <p>18 A. I did not.</p> <p>19 Q. Okay. And who was on the phone</p> <p>20 during your conversation with Ms. Sacks?</p> <p>21 A. I'm sorry. Can you repeat the</p> <p>22 question.</p> <p>23 Q. I think you said you had a</p> <p>24 preparation session with Ms. Sacks by</p> <p>25 telephone?</p>
<p style="text-align: right;">Page 11</p> <p>1 Q. Okay. And when you say you</p> <p>2 consulted with your lawyers, can you tell us</p> <p>3 with whom you consulted?</p> <p>4 A. I had a phone meeting with the legal</p> <p>5 counsel for the Cuyahoga County Board of</p> <p>6 Health. And then I met with Shayna and a few</p> <p>7 other lawyers to prepare for this deposition.</p> <p>8 Q. Okay. The -- the lawyer -- is there</p> <p>9 a separate lawyer who's representing the</p> <p>10 Cuyahoga County Board of Health apart from</p> <p>11 Shayna and her colleagues?</p> <p>12 A. No. There's a legal counsel for the</p> <p>13 Cuyahoga County Board of Health.</p> <p>14 Q. I see.</p> <p>15 Who is that?</p> <p>16 A. His name is Tom O'Donnell.</p> <p>17 Q. And -- and did you talk with Tom on</p> <p>18 the phone in preparation for your deposition</p> <p>19 today?</p> <p>20 A. I talked with him in regards to</p> <p>21 scheduling.</p> <p>22 Q. Okay. Did you talk with Mr.</p> <p>23 O'Donnell in terms of the substance to prepare</p> <p>24 for your deposition today?</p> <p>25 A. Did not.</p>	<p style="text-align: right;">Page 13</p> <p>1 A. That was an in-person meeting.</p> <p>2 Q. Oh, that was in person. Okay. So</p> <p>3 --</p> <p>4 A. Uh-huh.</p> <p>5 Q. So my question -- I want to make</p> <p>6 sure you heard my first question --</p> <p>7 A. Okay.</p> <p>8 Q. -- correctly then.</p> <p>9 My question to you was, setting</p> <p>10 aside your telephone conversation with Mr.</p> <p>11 O'Donnell, did you have in-person meetings with</p> <p>12 attorneys to prepare for your deposition?</p> <p>13 A. I did.</p> <p>14 Q. Okay. When did you have those</p> <p>15 meetings?</p> <p>16 A. Yesterday.</p> <p>17 Q. Other than yesterday, did you have</p> <p>18 any other meetings to prepare for your</p> <p>19 deposition?</p> <p>20 A. I did not.</p> <p>21 Q. For how long did you meet?</p> <p>22 A. We met for approximately five hours.</p> <p>23 Q. Who was there?</p> <p>24 A. Ms. Sacks was there as well as a few</p> <p>25 other lawyers.</p>

<p style="text-align: right;">Page 14</p> <p>1 Q. Who are the other lawyers?</p> <p>2 Do you remember their names?</p> <p>3 A. Mr. Gallucci and the others. I just</p> <p>4 met. Forgive me. I do not know their names.</p> <p>5 Q. Okay. Did you do anything else to</p> <p>6 prepare for your deposition today besides meet</p> <p>7 with the lawyers yesterday for approximately</p> <p>8 five hours?</p> <p>9 A. I did not.</p> <p>10 Q. Have you reviewed any documents to</p> <p>11 prepare for your deposition?</p> <p>12 A. I reviewed the materials that were</p> <p>13 presented to me.</p> <p>14 Q. Okay. Were there any materials that</p> <p>15 you looked at to prepare for your deposition</p> <p>16 that refreshed your memory or your recollection</p> <p>17 about things that you had known?</p> <p>18 A. No.</p> <p>19 Q. Okay. Did you have any</p> <p>20 conversations with individuals other than the</p> <p>21 attorneys in preparation for your deposition</p> <p>22 today?</p> <p>23 A. I did not.</p> <p>24 Q. Have you talked with any of your</p> <p>25 professional colleagues or friends, family in</p>	<p style="text-align: right;">Page 16</p> <p>1 MS. SACKS: If I may, she saw the</p> <p>2 notice, not the complaint.</p> <p>3 MR. BOEHM: I see. Thank you.</p> <p>4 THE WITNESS: That is correct.</p> <p>5 MR. BOEHM: Okay.</p> <p>6 THE WITNESS: Yes.</p> <p>7 BY MR. BOEHM:</p> <p>8 Q. So have you ever seen the -- do you</p> <p>9 know what a -- a complaint is in a lawsuit?</p> <p>10 A. No.</p> <p>11 Q. Okay. Are you aware that there was</p> <p>12 a written complaint that was filed in this</p> <p>13 lawsuit on behalf of Cuyahoga County?</p> <p>14 A. Yes.</p> <p>15 Q. Have you ever seen that document?</p> <p>16 A. I -- no.</p> <p>17 Q. Okay. Have you read or reviewed</p> <p>18 transcripts of depositions that other people</p> <p>19 have given in this litigation?</p> <p>20 A. No.</p> <p>21 Q. Okay. Well, given that you have not</p> <p>22 had a deposition before, I'm just going to give</p> <p>23 you a little bit of the ground rules. And I'm</p> <p>24 sure that Ms. Sacks has -- went over some of</p> <p>25 this with you already.</p>
<p style="text-align: right;">Page 15</p> <p>1 your personal life about the fact that you</p> <p>2 would be giving a deposition today?</p> <p>3 A. I did.</p> <p>4 Q. Okay. With whom have you spoken</p> <p>5 about that, and -- and what did you discuss?</p> <p>6 A. Just the fact that I have never been</p> <p>7 deposed before, and I am on the list of</p> <p>8 witnesses to be deposed. We did not discuss</p> <p>9 details of the case.</p> <p>10 Q. Okay. Have you read the complaint</p> <p>11 that was filed by Cuyahoga County in this</p> <p>12 lawsuit?</p> <p>13 A. I believe that was presented to me</p> <p>14 this morning.</p> <p>15 Q. Okay. Is that the first time you</p> <p>16 had ever seen the written complaint?</p> <p>17 A. Correct.</p> <p>18 Q. Did you have an opportunity to read</p> <p>19 the complaint?</p> <p>20 A. I did not.</p> <p>21 Q. Did you skim it?</p> <p>22 A. Not for content.</p> <p>23 Q. Okay. You just had it in your hand,</p> <p>24 took a quick look at it?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 17</p> <p>1 The -- the first important point is</p> <p>2 that I'm going to ask you questions, and then</p> <p>3 you're going to answer the questions --</p> <p>4 A. Uh-huh.</p> <p>5 Q. -- as best and most -- and as</p> <p>6 honestly as you can.</p> <p>7 A. Sure.</p> <p>8 Q. It's important for the record that</p> <p>9 we try not to speak at the same time. As you</p> <p>10 noticed, we have Bonnie here writing down what</p> <p>11 we say. And it's a big favor to her if I'm</p> <p>12 able to finish my question, then you get to</p> <p>13 respond.</p> <p>14 And I'm going to do the same. I'll</p> <p>15 try my very best to wait until you're done with</p> <p>16 your answer, and then I'll ask my next</p> <p>17 question.</p> <p>18 A. Understood.</p> <p>19 Q. We will not have a perfect record at</p> <p>20 the end of the day. Because sometimes we won't</p> <p>21 notice. We'll think somebody's done, and they</p> <p>22 are not. Or it's just our natural tendency</p> <p>23 sometimes to start talking too soon. We'll</p> <p>24 just do our very best.</p> <p>25 Does that sound fair?</p>

5 (Pages 14 - 17)

<p style="text-align: right;">Page 18</p> <p>1 A. That sounds fair.</p> <p>2 Q. Okay. If you don't understand a</p> <p>3 question -- and that probably will happen at</p> <p>4 some point today too -- will you just let me</p> <p>5 know that, and I'll try and rephrase it?</p> <p>6 A. Yes.</p> <p>7 Q. And there may be occasions where Ms.</p> <p>8 Sacks objects to the form of the question.</p> <p>9 She'll say, "Objection to form."</p> <p>10 And you understand that you should</p> <p>11 still answer the question that I've asked?</p> <p>12 A. Yes.</p> <p>13 Q. You took an oath to tell the truth</p> <p>14 today.</p> <p>15 You understand that?</p> <p>16 A. I do.</p> <p>17 Q. Is there any reason why you cannot</p> <p>18 testify today truthfully and thoroughly?</p> <p>19 A. No.</p> <p>20 Q. Okay. You indicated that you have</p> <p>21 not seen the written complaint filed by</p> <p>22 Cuyahoga County in this lawsuit.</p> <p>23 Has anybody ever asked you to review</p> <p>24 a draft complaint or a summary of allegations</p> <p>25 related to this lawsuit?</p>	<p style="text-align: right;">Page 20</p> <p>1 instructing her not to answer?</p> <p>2 MS SACKS: Yeah. I don't think it's</p> <p>3 relevant.</p> <p>4 MR. BOEHM: Okay. On relevance</p> <p>5 grounds?</p> <p>6 MS. SACKS: Yes.</p> <p>7 MR. BOEHM: Okay.</p> <p>8 BY MR. BOEHM:</p> <p>9 Q. Are you willing to answer the</p> <p>10 question?</p> <p>11 THE WITNESS: Should I answer the</p> <p>12 question?</p> <p>13 MS. SACKS: It -- I'm instructing</p> <p>14 you not to. You can choose whether you --</p> <p>15 MR. BOEHM: It's up to you.</p> <p>16 MS. SACKS: -- want to follow my</p> <p>17 instruction or not, is what he's saying.</p> <p>18 THE WITNESS: I'll choose to not</p> <p>19 answer the question.</p> <p>20 BY MR. BOEHM:</p> <p>21 Q. Has a licensed physician ever</p> <p>22 written you a prescription for a FDA-approved</p> <p>23 opioid medication?</p> <p>24 MS SACKS: Same objection. And to</p> <p>25 form.</p>
<p style="text-align: right;">Page 19</p> <p>1 A. No.</p> <p>2 Q. Has anybody ever asked your opinion</p> <p>3 about whether or not the county should file a</p> <p>4 lawsuit?</p> <p>5 A. No.</p> <p>6 Q. Has anyone ever asked your opinion</p> <p>7 about whether or not the allegations that are</p> <p>8 stated in the written complaint filed by the</p> <p>9 county are accurate?</p> <p>10 A. No.</p> <p>11 Q. To the best of your knowledge, was</p> <p>12 anybody at or on behalf of the Cuyahoga County</p> <p>13 Board of Health consulted about the substance</p> <p>14 of the written complaint filed by Cuyahoga</p> <p>15 County in this lawsuit?</p> <p>16 A. Not to my knowledge.</p> <p>17 Q. You understand that the lawsuit has</p> <p>18 to do with the opioid abuse epidemic in the</p> <p>19 county, right?</p> <p>20 A. Yes.</p> <p>21 Q. Have you ever used a prescription</p> <p>22 opioid?</p> <p>23 MS SACKS: Objection.</p> <p>24 And I instruct you not to answer.</p> <p>25 MR. BOEHM: Sorry. So you're</p>	<p style="text-align: right;">Page 21</p> <p>1 THE WITNESS: I will follow the lead</p> <p>2 of my lawyer and not --</p> <p>3 MR. BOEHM: Okay.</p> <p>4 THE WITNESS: -- answer the</p> <p>5 question.</p> <p>6 BY MR. BOEHM:</p> <p>7 Q. And -- and why is it that you don't</p> <p>8 want to answer that question?</p> <p>9 MS SACKS: Objection.</p> <p>10 Direct you not to answer.</p> <p>11 MR. BOEHM: What's the basis of that</p> <p>12 instruction?</p> <p>13 MS SACKS: Relevancy.</p> <p>14 BY MR. BOEHM:</p> <p>15 Q. Have you ever had any conversation</p> <p>16 with a healthcare provider in Cuyahoga County</p> <p>17 about the risks and the benefits to patients in</p> <p>18 connection with prescription opioids?</p> <p>19 MS SACKS: Objection to form.</p> <p>20 You can answer if you understand and</p> <p>21 -- and know what he's saying.</p> <p>22 THE WITNESS: Can you repeat the</p> <p>23 question, please.</p> <p>24 MR. BOEHM: Sure.</p> <p>25 BY MR. BOEHM:</p>

<p style="text-align: right;">Page 22</p> <p>1 Q. Have you ever had any conversation 2 with a healthcare provider in Cuyahoga County 3 about the risks and the benefits of using a 4 prescription opioid medication? 5 A. The nature of my professional work 6 placed me in conversations with healthcare 7 providers regarding opioids. 8 Q. Okay. So what's the answer to my 9 question about whether or not you've had 10 conversations with healthcare providers in 11 Cuyahoga County about the risks and the 12 benefits -- 13 A. The answer -- 14 Q. -- of prescript -- 15 A. -- to your -- 16 Q. Sorry. 17 A. Sorry. 18 Q. -- of -- of using prescription 19 opioids? 20 A. Yes. In a professional capacity. 21 Q. Okay. Do you know if any of your 22 family members have ever used a prescription 23 opioid medication? 24 A. Yes. Well, a prescription opioid 25 medication, no, not to my knowledge.</p>	<p style="text-align: right;">Page 24</p> <p>1 received a prescription for a opioid medication 2 from a licensed physician? 3 A. I do not. 4 Q. Okay. Do you have any other close 5 friends or family members who have experienced 6 substance abuse disorders? 7 A. I do. There is a history of 8 substance abuse in my family, on both sides of 9 my family as well as my in-laws. 10 Q. Okay. Has that had an impact on 11 your approach to your professional 12 responsibilities insofar as it concerns 13 substance abuse and particularly opioid 14 addiction? 15 A. I can't say that it -- it didn't. I 16 mean of course experiencing an individual or a 17 loved one with a substance abuse disorder make 18 an impact. And it -- I carry that with me in 19 the professional work that I do, yes. 20 MR. BOEHM: Okay. Bonnie, would you 21 like to mark the exhibits, or do you want to 22 just fill them out or -- you tell me what you 23 prefer. 24 THE REPORTER: However you want to 25 do it.</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Okay. Do you have family members 2 who have used a -- a illicit opiate? 3 A. Yes. 4 Q. Okay. And -- and -- and would you 5 tell us about that? 6 A. Sure. I would be happy to share. 7 I have a relative who overdosed on 8 heroin in my aunt's home, who happened to be 9 running an in-home daycare. And he overdosed 10 and died in her home. 11 Q. I'm very sorry to hear about that. 12 A. Thank you. 13 Q. When did that happen? 14 A. I don't recall exactly what year it 15 happened. 16 Q. Okay. And you said that that person 17 was -- overdosed on heroin? 18 A. Heroin. 19 Q. For how long was that individual 20 experiencing a substance use disorder? 21 A. I don't know specifically. 22 Q. Do you know how that person came to 23 be addicted to heroin? 24 A. I do not. 25 Q. Do you know if that person ever</p>	<p style="text-align: right;">Page 25</p> <p>1 MR. BOEHM: Okay. 2 (Discussion held off the 3 stenographic record.) 4 (Deposition Exhibit 1 was marked for 5 identification.) 6 BY MR. BOEHM: 7 Q. Ms. Leppla, I'll be marking some 8 documents as exhibits for your deposition here 9 today. And this is the first of those 10 documents. So this is a document that's been 11 marked as Exhibit 1 for purposes of your 12 deposition. 13 And it is something that was 14 produced to us by the county in connection with 15 the litigation and appears to be a résumé of 16 yours; is that correct? 17 A. That is correct. 18 Q. Did you prepare this? 19 A. I did, yes. 20 Q. By looking at this document, are you 21 able to discern approximately when you prepared 22 this résumé? 23 A. This document, I cannot tell you 24 specifically when it was created. It does look 25 very old to me. It was created quite some time</p>

<p style="text-align: right;">Page 26</p> <p>1 ago, and it would have been prior to 2014.</p> <p>2 Q. And why do you say it would have</p> <p>3 been prior to 2014?</p> <p>4 A. Because I stepped into a different</p> <p>5 role at that time. And so this would have been</p> <p>6 outdated.</p> <p>7 Q. Okay. So let's talk a little bit</p> <p>8 about that.</p> <p>9 This résumé indicates that you</p> <p>10 started at the Cuyahoga County Board of Health</p> <p>11 in the year 2002; is that correct?</p> <p>12 A. That is correct.</p> <p>13 Q. And you came to the Cuyahoga County</p> <p>14 Board of Health from the Cleveland Clinic,</p> <p>15 correct?</p> <p>16 A. Correct.</p> <p>17 Q. What did you do at the Cleveland</p> <p>18 Clinic?</p> <p>19 A. I did cardiovascular research at the</p> <p>20 Cleveland Clinic in the intravascular</p> <p>21 ultrasound laboratory.</p> <p>22 Q. Right.</p> <p>23 And that work is summarized on the</p> <p>24 second page of this résumé, right?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 28</p> <p>1 be some suggestion that there was more than</p> <p>2 one.</p> <p>3 Do you see that?</p> <p>4 A. I do.</p> <p>5 Q. Do you -- do you know why you made</p> <p>6 it a plural?</p> <p>7 A. I do not recall.</p> <p>8 Q. Okay. Do you know whether or not</p> <p>9 any manufacturers of prescription opioids were</p> <p>10 among the pharmaceutical companies with whom</p> <p>11 you established relationships at Cleveland</p> <p>12 Clinic?</p> <p>13 A. I do not recall.</p> <p>14 Q. You were at the Cleveland Clinic for</p> <p>15 approximately one year? Yes?</p> <p>16 A. Correct.</p> <p>17 Q. Then you went to the Cuyahoga County</p> <p>18 Board of Health?</p> <p>19 A. Yes. That is correct.</p> <p>20 Q. If I sometimes use the shorthand</p> <p>21 CCBH, will you understand that to be the</p> <p>22 Cuyahoga County Board of Health?</p> <p>23 A. I will.</p> <p>24 Q. And is that a -- a shortened form</p> <p>25 for the Cuyahoga County Board of Health that</p>
<p style="text-align: right;">Page 27</p> <p>1 Q. The final bullet point under your</p> <p>2 Cleveland Clinic entry on this résumé states:</p> <p>3 "Established relationships with pharmaceutical</p> <p>4 companies."</p> <p>5 Do you see that?</p> <p>6 A. I do.</p> <p>7 Q. I think I read that correctly.</p> <p>8 Did I?</p> <p>9 A. Can you reread it.</p> <p>10 Q. "Established relationships with</p> <p>11 pharmaceutical companies."</p> <p>12 A. Correct.</p> <p>13 Q. What does that refer to?</p> <p>14 A. That refer to one of the trials that</p> <p>15 we worked on was a trial that was for the drug</p> <p>16 Lipitor. And Pfizer represented that drug at</p> <p>17 the time. And there were representatives from</p> <p>18 Pfizer that would visit our lab.</p> <p>19 Q. Okay. Were there any companies</p> <p>20 other than Pfizer that were involved in the</p> <p>21 trial that you participated in at Cleveland</p> <p>22 Clinic?</p> <p>23 A. I do not recall.</p> <p>24 Q. Okay. I just note that it says</p> <p>25 "pharmaceutical companies." So there seems to</p>	<p style="text-align: right;">Page 29</p> <p>1 people typically use here?</p> <p>2 A. We -- yes. We use that acronym</p> <p>3 frequently.</p> <p>4 Q. Okay. Why did you choose to accept</p> <p>5 a position with CCBH?</p> <p>6 A. I was young in my career. I was not</p> <p>7 too long out of college. And while I really</p> <p>8 loved my work at the Cleveland Clinic, I did</p> <p>9 not have an opportunity to grow within that</p> <p>10 position.</p> <p>11 And I had interacted with the</p> <p>12 Cuyahoga County Board of Health prior to</p> <p>13 accepting the role at the Cleveland Clinic.</p> <p>14 And during the time of my experience at the</p> <p>15 Cleveland Clinic, I was contacted by one of the</p> <p>16 supervisors. And at that time it was a logical</p> <p>17 decision for my career in terms of advancement.</p> <p>18 Q. Was there something about the</p> <p>19 position at CCBH that seemed promising in</p> <p>20 particular to you?</p> <p>21 A. What was appealing to me at that</p> <p>22 time was the ability to grow as a professional.</p> <p>23 Q. And what do you mean by that?</p> <p>24 A. Like I had mentioned, in my role at</p> <p>25 the Cleveland Clinic, we were a small team, and</p>

<p style="text-align: right;">Page 30</p> <p>1 there was not a lot of upward movement within</p> <p>2 that position. And I was attracted to the idea</p> <p>3 that at the Cuyahoga County Board of Health I</p> <p>4 could grow professionally and potentially</p> <p>5 continue advancement within the company.</p> <p>6 Q. Who offered you the job at CCBH?</p> <p>7 A. I do not recall specifically. There</p> <p>8 were a team of individuals with whom I had</p> <p>9 interviewed with. If my memory serves me</p> <p>10 correctly, it was the director of the</p> <p>11 environmental health services division at that</p> <p>12 time.</p> <p>13 Q. Who was that?</p> <p>14 A. His name was B.J. Meter.</p> <p>15 Q. Okay. Who was the head of CCBH in</p> <p>16 2002 when you joined?</p> <p>17 A. Who -- are you asking me who the</p> <p>18 health commissioner was of the Cuyahoga County</p> <p>19 Board of Health?</p> <p>20 Q. We can start there.</p> <p>21 A. Okay. The health commissioner, when</p> <p>22 I was hired by the Cuyahoga County Board of</p> <p>23 Health, was Tim Horgan.</p> <p>24 Q. Okay. Was there an executive</p> <p>25 director of CCBH at that time?</p>	<p style="text-align: right;">Page 32</p> <p>1 practice environmental public health in the</p> <p>2 State of Ohio.</p> <p>3 Q. What were your responsibilities?</p> <p>4 A. I conducted field inspections at the</p> <p>5 time. When I was first hired, I was primarily</p> <p>6 conducting inspections of licensed food service</p> <p>7 operations in retail food establishments. I</p> <p>8 also conducted some illness investigations that</p> <p>9 were potentially connected to those facilities.</p> <p>10 Q. The résumé that's marked as Exhibit</p> <p>11 1 indicates that, as of the date of this</p> <p>12 document, you were still a registered</p> <p>13 sanitarian.</p> <p>14 You see that?</p> <p>15 A. Can you repeat the statement.</p> <p>16 Q. I'm just looking at your résumé</p> <p>17 here.</p> <p>18 A. Uh-huh.</p> <p>19 Q. It's Exhibit 1. And it says:</p> <p>20 "Cuyahoga County Board of Health, 2002 to</p> <p>21 Present."</p> <p>22 Directly underneath that, it states:</p> <p>23 "Registered sanitarian."</p> <p>24 Do you see that?</p> <p>25 A. I do.</p>
<p style="text-align: right;">Page 31</p> <p>1 A. No.</p> <p>2 Q. Okay. Was there somebody else who</p> <p>3 you would consider potentially kind of being</p> <p>4 the head of CCBH besides the -- the</p> <p>5 commissioner?</p> <p>6 A. The commissioner was the overall</p> <p>7 head of the Cuyahoga County Board of Health</p> <p>8 And there were different service areas that</p> <p>9 each had a director.</p> <p>10 Q. To whom did you report?</p> <p>11 A. My -- I was a direct report to a</p> <p>12 gentleman by the name of Rick Melendes.</p> <p>13 Q. What was your title?</p> <p>14 A. I was a registered sanitarian.</p> <p>15 Q. Just to make sure I understood that</p> <p>16 correctly, a registered -- what was the second</p> <p>17 word?</p> <p>18 A. Sanitarian.</p> <p>19 Q. Sanitarian?</p> <p>20 A. Correct.</p> <p>21 Q. And what does a registered</p> <p>22 sanitarian do?</p> <p>23 A. It is a health inspector.</p> <p>24 Registered sanitarian is the license in the</p> <p>25 State of Ohio that allows individuals to</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. Were you still a registered</p> <p>2 sanitarian at the time this résumé was</p> <p>3 prepared?</p> <p>4 A. I'm -- yes. I am still licensed as</p> <p>5 a registered sanitarian.</p> <p>6 Q. Okay. And then it also indicates</p> <p>7 that you had taken on a position of injury</p> <p>8 prevention coordinator.</p> <p>9 Do you see that?</p> <p>10 A. It does. I do see that now.</p> <p>11 Q. In what year did you become an</p> <p>12 injury prevention coordinator?</p> <p>13 A. 2014.</p> <p>14 Q. Okay. So this résumé is -- it --</p> <p>15 it's -- it was prepared no later -- or I should</p> <p>16 say not earlier than 2014.</p> <p>17 Fair?</p> <p>18 A. Can you repeat the statement. I'm</p> <p>19 sorry.</p> <p>20 Q. This résumé was prepared not sooner</p> <p>21 than 2014.</p> <p>22 Fair?</p> <p>23 A. That is fair.</p> <p>24 Q. Were you continuing to work as a</p> <p>25 registered sanitarian in 2014?</p>

<p style="text-align: right;">Page 34</p> <p>1 A. I was licensed to still work as a 2 registered sanitarian in 2014. My 3 responsibilities, when we received funding for 4 my position as the injury prevention 5 coordinator, had me in that position. It was 6 not -- I was no longer in the field as a 7 registered sanitarian. 8 Q. When did you stop working in the 9 field as a registered sanitarian? 10 A. That would have concluded early 11 2014. 12 Q. Is it fair to say that, from 2002 13 until 2014, you were working in the field as a 14 registered sanitarian on behalf of CCBH? 15 A. Correct. 16 Q. In 2014 did CCBH receive an Ohio 17 Department of Health Injury Prevention Grant? 18 A. Yes, they did. 19 Q. In connection with CCBH's receipt of 20 the Ohio Department of Health Injury Prevention 21 Grant, did you assume the position of injury 22 prevention coordinator? 23 A. Correct. 24 Q. What were your responsibilities as 25 injury prevention coordinator?</p>	<p style="text-align: right;">Page 36</p> <p>1 and -- to ensure that the -- the grant was 2 carried out to the expectations of the Ohio 3 Department of Health. 4 Q. What were the expectations of the 5 Ohio Department of Health in connection with 6 them having given CCBH an Injury Prevention 7 Grant? 8 MS. SACKS: Object to form. 9 BY MR. BOEHM: 10 Q. Go ahead. 11 MS. SACKS: Sorry. Go -- you -- 12 THE WITNESS: Okay. 13 BY MR. BOEHM: 14 Q. You remember before I said -- 15 MS. SACKS: Go ahead. 16 BY MR. BOEHM: 17 Q. -- she may object to form, but you 18 got to stay with me. 19 A. Okay. 20 Q. Okay. 21 A. Okay. Their overall and our 22 overarching goal was to see a total reduction 23 in accidental fatalities attributed to 24 prescription drug overdose. 25 Q. Is it fair to say that this grant</p>
<p style="text-align: right;">Page 35</p> <p>1 A. My responsibilities as the injury 2 prevention coordinator were to oversee the 3 deliverables as required by the funding 4 opportunity. 5 Q. The first bullet point under 6 "Responsibilities" of this résumé marked as 7 Exhibit 1 states: "Ensure all deliverables are 8 met for the Ohio Department of Health Injury 9 Prevention Grant." 10 Do you see that? 11 A. I do. 12 Q. Now, it says ODH. 13 See that? 14 A. I do. 15 Q. But we know that ODH means Ohio 16 Department of Health, correct? 17 A. That is correct. 18 Q. What were the deliverables that you 19 were charged with ensuring were met in 20 connection with the Ohio Department of Health 21 Injury Prevention Grant? 22 A. The deliverables varied from year to 23 year of the Ohio Department of Health Injury 24 Prevention Grant. I was required to complete a 25 work plan. I had oversight of our budget</p>	<p style="text-align: right;">Page 37</p> <p>1 was earmarked for particular purposes rather 2 than discretionary? 3 A. Can you please be more specific. 4 Q. You know what the term "earmarked" 5 means, right? 6 A. I do. 7 Q. Okay. So I'm just asking whether or 8 not the grant funds that the Ohio Department of 9 Health gave to CCBH were earmarked for a 10 particular purpose. 11 A. They -- that is correct. 12 Q. Okay. And what were the -- what was 13 the purpose or the purposes of the funds 14 provided -- 15 A. Uh-huh. 16 Q. -- to CCBH by the Ohio Department of 17 Health in connection with the Injury Prevention 18 Grant? 19 A. Those funds were intended to cover 20 not only salary but to support policy systems 21 and environmental change strategies that would 22 have a positive impact on reducing the 23 fatalities attributed to prescription drug 24 overdose. 25 Q. The -- the Ohio Department of Health</p>

<p style="text-align: right;">Page 38</p> <p>1 Injury Prevention Grant was directed</p> <p>2 specifically at issues related to prescription</p> <p>3 drug overdoses; is that true?</p> <p>4 A. That is true.</p> <p>5 Q. And if I understand correctly, as</p> <p>6 the injury prevention coordinator, it was your</p> <p>7 responsibility to ensure that the deliverables</p> <p>8 for that grant were met.</p> <p>9 A. That is correct.</p> <p>10 Q. Did you share that responsibility</p> <p>11 with anybody else at CCBH?</p> <p>12 A. I did.</p> <p>13 Q. With whom did you share</p> <p>14 responsibility for ensuring that the Injury</p> <p>15 Prevention Grant deliverables were met?</p> <p>16 A. Vince Caraffi.</p> <p>17 Q. Anybody else?</p> <p>18 A. We had administrative support staff</p> <p>19 that assisted with the financial component --</p> <p>20 Q. What was --</p> <p>21 A. -- of the grant.</p> <p>22 Q. I'm sorry.</p> <p>23 A. Of the grant.</p> <p>24 Q. What was the breakdown of</p> <p>25 responsibilities as between yourself and Mr.</p>	<p style="text-align: right;">Page 40</p> <p>1 Health Injury Prevention Grant came into CCBH,</p> <p>2 you had been working part-time as a --</p> <p>3 A. That --</p> <p>4 Q. -- as a registered sanitarian for</p> <p>5 CCBH.</p> <p>6 A. That is correct.</p> <p>7 Q. Did you become a full-time employee</p> <p>8 of CCBH when the CCBH received this Injury</p> <p>9 Prevention Grant?</p> <p>10 A. Not immediately.</p> <p>11 Q. Why not?</p> <p>12 A. We had conversations with the Ohio</p> <p>13 Department of Health. And I was able to</p> <p>14 fulfill the requirements of the grant in my</p> <p>15 capacity at the hours per week that I was</p> <p>16 working with their acceptance and awareness</p> <p>17 that Vince Caraffi would be covering a</p> <p>18 percentage of that time.</p> <p>19 Q. Okay. How many hours a week were</p> <p>20 you working --</p> <p>21 A. 30.</p> <p>22 Q. -- as the Ohio Department of Health</p> <p>23 Injury Prevention Grant coordinator?</p> <p>24 A. I was working 30 hours per week.</p> <p>25 Q. Were all 30 hours that you were</p>
<p style="text-align: right;">Page 39</p> <p>1 Caraffi in connection with ensuring that the</p> <p>2 deliverables for the Ohio Department of Health</p> <p>3 Injury Prevention Grant were met?</p> <p>4 A. So when I first stepped into the</p> <p>5 role of injury prevention coordinator, I was</p> <p>6 working at a part-time status. And I don't</p> <p>7 recall the percentage of the breakdown of my</p> <p>8 time versus Mr. Caraffi's time. He assumed a</p> <p>9 percentage of that time due to my part-time</p> <p>10 status.</p> <p>11 After a period of time within the</p> <p>12 grant, I was required to be 100 percent and</p> <p>13 returned to full-time status. And at that time</p> <p>14 his involvement was from the supervisory level.</p> <p>15 Q. When you indicate that you were</p> <p>16 working part-time --</p> <p>17 A. Uh-huh.</p> <p>18 Q. -- are you -- what -- what are you</p> <p>19 referring to?</p> <p>20 You were working part-time in your</p> <p>21 role as a registered sanitarian?</p> <p>22 A. For a period of time.</p> <p>23 Q. Okay.</p> <p>24 A. Yes.</p> <p>25 Q. So when the Ohio Department of</p>	<p style="text-align: right;">Page 41</p> <p>1 working as the injury prevention coordinator</p> <p>2 dedicated to ensuring the deliverables of the</p> <p>3 grant were met?</p> <p>4 A. They were.</p> <p>5 Q. And you indicated that Mr. Caraffi</p> <p>6 also had responsibility for ensuring the</p> <p>7 deliverables were met, right?</p> <p>8 A. That is correct.</p> <p>9 Q. What were the nature -- what was the</p> <p>10 nature of Mr. Caraffi's responsibilities in</p> <p>11 connection -- in connection with ensuring that</p> <p>12 the deliverables of this grant from the Ohio</p> <p>13 Department of Health were met?</p> <p>14 A. Mr. Caraffi acted -- even when he</p> <p>15 was in there -- in the grant at a percentage of</p> <p>16 the time, he was a supervisor in his capacity.</p> <p>17 And he worked with several of the</p> <p>18 community-based organizations that we had</p> <p>19 partnered with to ensure that those</p> <p>20 deliverables were met.</p> <p>21 Q. So his role was to work with other</p> <p>22 members of the community?</p> <p>23 A. Correct.</p> <p>24 Q. Anything else?</p> <p>25 A. Not that I can think of in this</p>

<p style="text-align: right;">Page 42</p> <p>1 moment.</p> <p>2 Q. Okay. How did you go about ensuring</p> <p>3 that the deliverables of the grant were met?</p> <p>4 A. We -- we partnered with</p> <p>5 community-based organizations that would have a</p> <p>6 reach with the policy -- policy systems and</p> <p>7 environmental change strategies that I had</p> <p>8 previously mentioned. And those partners --</p> <p>9 some remained consistent throughout the</p> <p>10 duration of the granted, while there were</p> <p>11 addition of others as the grant continued to</p> <p>12 move forward and others that we did not</p> <p>13 contract with as we moved forward.</p> <p>14 Q. Okay. You indicated that the</p> <p>15 deliverables changed over time in connection</p> <p>16 with this grant, right?</p> <p>17 A. Slightly.</p> <p>18 Q. Okay. In what ways did they change,</p> <p>19 and in what ways did they stay the same?</p> <p>20 A. Not having our work plan directly in</p> <p>21 front of me, I don't remember specifically what</p> <p>22 each deliverable was and what each agency that</p> <p>23 we contacted with, what the specifics of that</p> <p>24 deal was.</p> <p>25 Q. Okay. You indicated that the grant</p>	<p style="text-align: right;">Page 44</p> <p>1 A. -- and in the contract.</p> <p>2 (Deposition Exhibit 2 was marked for</p> <p>3 identification.)</p> <p>4 BY MR. BOEHM:</p> <p>5 Q. A document I've marked as Exhibit 2</p> <p>6 for purposes of your deposition is in front of</p> <p>7 you.</p> <p>8 Do you see that document?</p> <p>9 A. I do not have Exhibit 2.</p> <p>10 Q. It's right here.</p> <p>11 A. I do see this document.</p> <p>12 Q. This is an attachment to an e-mail</p> <p>13 sent in 2014. And it identifies personnel</p> <p>14 costs and responsibilities in connection with</p> <p>15 what I believe is the -- the Ohio Department of</p> <p>16 Health Injury Prevention Grant; is that</p> <p>17 correct?</p> <p>18 A. That is correct.</p> <p>19 MS. SACKS: Go ahead and just read</p> <p>20 the whole document so you're familiar with it,</p> <p>21 please.</p> <p>22 MR. BOEHM: Well, I'm going to ask</p> <p>23 questions. And she can read what she needs to</p> <p>24 read to answer the questions.</p> <p>25 BY MR. BOEHM:</p>
<p style="text-align: right;">Page 43</p> <p>1 itself was fundamentally for the purpose of</p> <p>2 addressing the opioid abuse epidemic in the</p> <p>3 county, right?</p> <p>4 A. That is correct.</p> <p>5 Q. And -- and fundamentally what did</p> <p>6 you consider your responsibility to be, in</p> <p>7 light of your position as the injury prevention</p> <p>8 coordinator --</p> <p>9 A. Uh-huh.</p> <p>10 Q. -- to address the opioid epidemic in</p> <p>11 Cuyahoga County?</p> <p>12 A. Well, as the Cuyahoga County Board</p> <p>13 of Health was the leading public health agency</p> <p>14 within the county, it was our role to convene</p> <p>15 and collaborate with other community partners</p> <p>16 that had a more direct -- direct line of</p> <p>17 conversation or a direct impact with patients.</p> <p>18 We -- at the health department we</p> <p>19 are not treatment providers; we are not law</p> <p>20 enforce; we're not medical professionals. So,</p> <p>21 as you can imagine, we worked with those</p> <p>22 community-based organizations that were able to</p> <p>23 have a positive impact in the goals that we set</p> <p>24 forth in the work plan --</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. You're certainly welcome, Ms.</p> <p>2 Leppla, if -- if you need to to answer a</p> <p>3 question, to look at what you need to look at.</p> <p>4 A. I appreciate that. Because I -- I</p> <p>5 think I -- just perusing the résumé, I didn't</p> <p>6 realize it was from the time period that you</p> <p>7 were in question. So if I could have some time</p> <p>8 to -- to read this, that would be helpful.</p> <p>9 Q. The way it'll work is I'll ask you a</p> <p>10 question; and then, if you need to refer to the</p> <p>11 document --</p> <p>12 A. Uh-huh.</p> <p>13 Q. -- in order to answer my question,</p> <p>14 then absolutely you can do that. Sometimes</p> <p>15 I'll just have a very quick question --</p> <p>16 A. Okay.</p> <p>17 Q. -- that will not require that.</p> <p>18 Sometimes it may require that. So --</p> <p>19 A. Understood.</p> <p>20 Q. -- we'll just -- we'll just play it</p> <p>21 by ear in that regard.</p> <p>22 I just want to direct your attention</p> <p>23 to the first category here under "Personnel" --</p> <p>24 A. Uh-huh.</p> <p>25 Q. -- where it says "Injury Prevention</p>

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1 Coordinator."

2 And then that's your name, right?

3 A. That is.

4 Q. In parentheses it says "\$44,323.50."

5 Do you see that?

6 A. Yes.

7 Q. Is that the amount of money that you

8 were making that year for your work as the

9 injury prevention coordinator?

10 A. I don't recall specifically, but

11 that would indicate that that was the amount of

12 money that I was making at that time.

13 Q. Does that seem about right?

14 A. That was for part-time status.

15 Q. Well, the next thing it's says is

16 "Full-Time Employee."

17 A. I do see that.

18 Q. Do you know why it says that?

19 A. Because, at the board of health

20 working, a 30-hour workweek was still

21 technically considered full-time. And I was --

22 a hundred percent of my hours that I was

23 working per week were dedicated to the Injury

24 Prevention Grant.

25 So while I worked a reduced-hour

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1 workweek, I was still fully dedicated to that

2 position in my hours that I worked during the

3 week.

4 Q. The injury prevention coordinator

5 description goes on to identify

6 responsibilities that you had in your capacity

7 as the coordinator.

8 Do you see that?

9 A. Yes.

10 Q. The first thing that's identified is

11 "Creation of a coalition needs assessment,"

12 right?

13 A. Yes.

14 Q. What is that?

15 A. The coalition needs assessment was a

16 assessment of our Cuyahoga County coalition

17 members to identify gaps and barriers as well

18 as strengths and weaknesses at that time.

19 Q. Okay. You -- were you responsible

20 for creating a coalition needs assessment?

21 A. Yes.

22 Q. In parentheses it says "40 percent."

23 Does that indicate that

24 approximately 40 percent of your time would be

25 dedicated to the creation of a coalition needs

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1 assessment?

2 A. Yes.

3 Q. The second item identified as one of

4 your responsibilities is "Case reviews from the

5 poison death review."

6 You see that?

7 A. Yes.

8 Q. What is that?

9 A. The poison death review was a

10 committee that was spearheaded by the Cuyahoga

11 County Medical Examiner's Office with

12 stakeholders from throughout the county that

13 would review cases of unintentional overdose

14 attributed to prescription drug abuse.

15 And that poison death review

16 committee was put in place to identify trends

17 and utilize data to help steer prevention

18 efforts.

19 Q. How was it determined which cases to

20 review?

21 A. I do not recall specifically. It

22 was -- the -- the cases that were reviewed were

23 cases of accidental drug overdose throughout

24 that given year.

25 Q. You didn't review all the cases, I

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1 take it, in connection with the poison death

2 review?

3 You didn't review every case of a

4 drug overdose; is that --

5 A. No.

6 Q. -- right?

7 A. That is correct.

8 Q. You reviewed a sampling of case?

9 A. That is correct.

10 Q. And you don't know how it was

11 determined which cases would be used as the

12 samples?

13 A. During the meetings would take place

14 on a semiregular frequency. I don't recall if

15 they were monthly, bimonthly. In the cases

16 that had been ruled at that time, which there

17 would have been a lag time, were chosen to

18 review.

19 And during -- during that time, not

20 all the cases would have been completed at the

21 time.

22 Q. Do you know how it was decided which

23 specific cases would be selected for review in

24 connection with this poison death review?

25 A. I do not.

<p style="text-align: right;">Page 50</p> <p>1 Q. Do you know who had responsibility 2 for selecting those cases? 3 A. That would have been the Cuyahoga 4 County Medical Examiner's Office. 5 Q. The third responsibility listed in 6 this paragraph is "Coordinator of partnership 7 with two universities, 15 percent." 8 You see that? 9 A. I do. 10 Q. Can you please describe for us what 11 your responsibilities were in connection with 12 coordinating partnership with the universities? 13 A. In year one of our funding 14 opportunity, we partnered with Case Western 15 Reserve University and Baldwin Wallace 16 University at that time to continue working on 17 those systems and environmental change 18 strategies that I had described to you. 19 Q. Okay. What was the nature of your 20 coordination and partnership with those 21 universities? 22 A. The nature of my coordination in 23 terms of my interaction with them or the -- the 24 goals of which we were trying to accomplish? 25 Q. The goals and the substance of the</p>	<p style="text-align: right;">Page 52</p> <p>1 A. They were not. 2 Q. These are undergraduate students? 3 A. They were. 4 Q. So when you say "educating 5 students," are these people who potentially 6 would become substance abusers and -- and 7 trying to prevent abuse? 8 MS. SACKS: Objection. 9 THE WITNESS: We were try to prevent 10 abuse. 11 BY MR. BOEHM: 12 Q. Right. But my question's a little 13 bit different. 14 You were trying to educate students 15 because you didn't want the students to abuse 16 substances; is that right? 17 A. That is correct. 18 Q. Did you make presentations to 19 students in connection with those efforts? 20 A. Yes. 21 Q. Okay. Would you use slide decks? 22 A. Yes. 23 Q. The next item here on the list is 24 "OARRS Data Review, 15 percent." 25 Do you see that?</p>
<p style="text-align: right;">Page 51</p> <p>1 partnership you were trying to create. 2 A. So the two universities that we 3 contracted with were entirely different by -- 4 different in nature, Case Western Reserve 5 University being a larger institution, Baldwin 6 Wallace being a smaller -- smaller university. 7 And their structure and programming that they 8 had in terms of prevention efforts were very 9 different. 10 And we -- we partnered with Case 11 Western Reserve University, who had a very 12 supportive environment for individuals in the 13 recovery community as well as some other 14 programming in place, and sort of utilized that 15 platform and that model to assist Baldwin 16 Wallace University to increase and enhance 17 their prevention efforts. 18 Q. In what way did Baldwin Wallace 19 increase and enhance their drug overdose 20 prevention efforts? 21 A. The -- the way that they increased 22 and enhanced their drug overdose prevention 23 efforts was primarily by educating students and 24 faculty. 25 Q. Are these medical school students?</p>	<p style="text-align: right;">Page 53</p> <p>1 A. Yes. 2 Q. What is OARRS? 3 A. OARRS is our -- Ohio's prescription 4 drug monitoring program. 5 Q. Okay. For the record, OARRS is an 6 acronym, right? 7 A. It is. 8 Q. It's O-A-R-R-S, right? 9 A. Yes. 10 Q. Do you know what the acronym stands 11 for? 12 A. I do. 13 Q. What is that? 14 A. Ohio Automated Prescription 15 Reporting System. And the -- even though it 16 says "prescription," the R was for was Rx for 17 prescription. 18 Q. Did you review OARRS data during 19 your time at CCBH? 20 A. I did not have access to the OARRS 21 database. However, partners that had access to 22 that database would provide the data to us. 23 Q. Who were the partners who had access 24 to OARRS data who could then provide the data 25 to you?</p>

<p style="text-align: right;">Page 54</p> <p>1 A. The Cuyahoga County Medical 2 Examiner's Office. 3 Q. Would the Cuyahoga County Office of 4 the Medical Examiner provide OARRS data to 5 CCBH? 6 A. The data was provided to us in a 7 format that assisted us with prevention 8 efforts. 9 Q. I'm sorry. That wasn't quite my 10 question. 11 My question was whether or not the 12 Cuyahoga County Office of the Medical Examiner 13 provided OARRS data to CCBH. 14 A. I do not recall specifically. 15 Q. You indicated that you had partners 16 who had access to OARRS, right? 17 A. Yes. 18 Q. And one of those partners was the 19 Medical Examiner's Office for Cuyahoga County? 20 A. Correct. 21 Q. Were there any other of your 22 partners who had access to OARRS, as far as you 23 know? 24 A. MetroHealth System would have had 25 access to the OARRS data as well.</p>	<p style="text-align: right;">Page 56</p> <p>1 to utilize that data to assist us in steering 2 prevention efforts. 3 Q. So my question to you is, as you sit 4 here today, do you know whether or not CCBH 5 ever utilized OARRS data as part of its efforts 6 to address the opioid abuse epidemic in 7 Cuyahoga County? 8 A. Yes, but not definitively. And I 9 understand that that's a -- a clouded response. 10 Q. I'm sure you can help us understand 11 what you mean. 12 A. Hopefully. 13 Yes, that was the intention of the 14 grant, to utilize OARRS data to assist us with 15 the prevention efforts. I do not recall 16 specifically receiving that OARRS data or how 17 it was utilized at that time. 18 Q. Okay. Let me try this one more time 19 or in a slightly different way. 20 As you sit here today, do you know 21 whether or not the Cuyahoga County Board of 22 Health ever utilized data from the OARRS system 23 as part of its efforts to address the opioid 24 abuse epidemic within Cuyahoga County? 25 MS. SACKS: Objection.</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. Okay. Did MetroHealth share OARRS 2 data with CCBH? 3 A. I do not recall. 4 Q. Okay. I thought you had earlier 5 indicated that your partners did, in fact, 6 share OARRS data with CCBH. 7 A. That was the intention of the grant. 8 And forgive me. This was several years ago. I 9 don't really recall how or what specifically 10 that data was or looked like. I know that that 11 was the intention when -- when we wrote and 12 submitted the grant. 13 Q. Okay. As you sit here today, do you 14 know whether or not CCBH ever took advantage of 15 OARRS data, whether through partners or 16 otherwise, for purposes of its review in 17 addressing the opioid epidemic in the county? 18 MS. SACKS: Objection. 19 THE WITNESS: Can you be more 20 specific. You say take advantage of -- 21 MR. BOEHM: Use it. 22 THE WITNESS: -- OARRS data. 23 BY MR. BOEHM: 24 Q. I just mean did you use it. 25 A. That was the intention of the grant,</p>	<p style="text-align: right;">Page 57</p> <p>1 THE WITNESS: I do not recall 2 specifically in this very moment. 3 BY MR. BOEHM: 4 Q. Okay. You're not saying it didn't 5 happen? 6 A. I'm not saying it didn't happen. In 7 this very moment, I cannot say definitively. 8 Q. Okay. You had intent to do that? 9 A. We did have intent to do that. 10 Q. And you had access to the data 11 through partners. 12 A. Through partners. 13 Q. Okay. You identified the Medical 14 Examiner's Office and MetroHealth. 15 Were there any other partners that 16 CCBH had that allowed you access to OARRS data? 17 MS. SACKS: Objection. 18 THE WITNESS: Throughout the 19 duration of the grant, the Cuyahoga County 20 Medical Examiner's Office and MetroHealth would 21 have been the partners that had access to the 22 OARRS data. 23 BY MR. BOEHM: 24 Q. Okay. Prior to CCBH's receipt of 25 the Ohio Department of Health Injury Prevention</p>

<p style="text-align: right;">Page 58</p> <p>1 Grant, do you know whether or not CCBH ever 2 utilized the OARRS system as part of your 3 efforts to address the opioid abuse epidemic in 4 Cuyahoga County? 5 A. I do not recall definitively. 6 Q. Is there somebody we would need to 7 ask about that to get an answer? 8 A. You could. You could -- you could 9 try Vince Caraffi to see if -- if he has 10 recollection of that. 11 Q. For those listening who may not be 12 familiar with the OARRS system, can you 13 describe what the OARRS database provides? 14 A. The OARRS database is a prescription 15 drug monitoring program that monitors 16 controlled substances that are prescribed 17 throughout the State of Ohio. 18 Q. In what way is utilization of OARRS 19 helpful in understanding and addressing the 20 opioid abuse epidemic in Cuyahoga County? 21 A. The OARRS system was helpful because 22 it allowed individuals to monitor prescribing 23 trends and prescribing patterns, 24 overprescribing by specific physicians, as well 25 as for individuals that potentially would have</p>	<p style="text-align: right;">Page 60</p> <p>1 case? 2 A. I think that would be helpful 3 because it monitors trends in prescribing. We 4 can see the number of medications dispensed and 5 provide targeted prevention efforts to areas 6 identified from that data. 7 Q. You indicated that utilization of 8 OARRS by public health officials can identify 9 cases of doctor shopping. 10 I think I heard you mention that; is 11 that right? 12 A. That is correct. 13 Q. What is doctor shopping? 14 A. Doctor shopping would be an 15 individual who is drug seeking and visiting 16 more than one physician to obtain an increased 17 quantity of prescription medications. 18 Q. Is doctor shopping legal? 19 MS. SACKS: Objection. 20 BY MR. BOEHM: 21 Q. Well, let's me put it this way: Is 22 it illegal to engage in doctor shopping? 23 MS. SACKS: Same objection. 24 THE WITNESS: I -- I -- I do not 25 know.</p>
<p style="text-align: right;">Page 59</p> <p>1 been what was considered doctor shopping. 2 Q. The OARRS data system would also 3 allow the county to see the overall volume of 4 prescriptions being written within the county, 5 correct? 6 A. That is correct. 7 Q. It tells you the amount of 8 prescription opioids being prescribed in the 9 county on a per capita basis as well, correct? 10 A. Can you repeat the question. 11 Q. Sure. 12 You can use the OARRS data system to 13 determine the volume of opioid prescriptions in 14 the county on a per capital basis, correct? 15 A. Correct. 16 Q. Do you know when the OARRS system 17 was established? 18 A. I do not know specifically. 19 Q. Do you agree that utilization of 20 OARRS is important to reducing prescription 21 opioid abuse? 22 MS. SACKS: Objection. 23 THE WITNESS: Yes. 24 BY MR. BOEHM: 25 Q. Why do you believe that to be the</p>	<p style="text-align: right;">Page 61</p> <p>1 BY MR. BOEHM: 2 Q. Okay. So you're not aware one way 3 or another whether or not it's permissible 4 under the law for an -- 5 A. I -- 6 Q. -- individual to seek prescription 7 medications by going from doctor to doctor? 8 A. I am not. 9 Q. Doctor shopping is something that 10 the county was hoping to stop. 11 Fair? 12 A. That -- 13 MS. SACKS: Objection. 14 THE WITNESS: Correct. 15 BY MR. BOEHM: 16 Q. Why was it important for the county 17 to try and identify cases of doctor shopping 18 and prevent that phenomenon? 19 A. As an individual continues to -- to 20 seek out an increased quantity of medications 21 and take them in quantities that were not 22 intended or unknown to other providers, that 23 puts them and places them at an increased risk 24 for a potential overdose. 25 Q. Licensed physicians also have access</p>

<p style="text-align: right;">Page 62</p> <p>1 to the OARRS system, correct?</p> <p>2 A. Yes.</p> <p>3 Q. Do you know how the utilization of</p> <p>4 the OARRS system in Cuyahoga County has changed</p> <p>5 over time in the physician community?</p> <p>6 MS. SACKS: Objection.</p> <p>7 THE WITNESS: I -- I am not a</p> <p>8 physician. I'm not part of the medical</p> <p>9 community.</p> <p>10 From data that has been presented to</p> <p>11 me, it's my understanding that the physicians</p> <p>12 have increased their utilization of the OARRS</p> <p>13 database.</p> <p>14 BY MR. BOEHM:</p> <p>15 Q. And do you believe that the</p> <p>16 increased utilization of OARRS by physicians</p> <p>17 has had any impact on the abuse of prescription</p> <p>18 opioids in Cuyahoga County?</p> <p>19 A. I can state a professional opinion</p> <p>20 that I do think it has had a positive impact on</p> <p>21 drug abuse in Cuyahoga County.</p> <p>22 Q. Can you please explain for us why</p> <p>23 you believe that the utilization of OARRS by</p> <p>24 licensed physicians has had a positive impact</p> <p>25 on the opioid abuse epidemic in the county?</p>	<p style="text-align: right;">Page 64</p> <p>1 MS. SACKS: Objection.</p> <p>2 THE WITNESS: Correct.</p> <p>3 BY MR. BOEHM:</p> <p>4 Q. Why is that the case?</p> <p>5 MS. SACKS: Objection.</p> <p>6 THE WITNESS: I am not a medical</p> <p>7 professional. There is no way for me to know</p> <p>8 that.</p> <p>9 BY MR. BOEHM:</p> <p>10 Q. I'm asking you not as a -- a medical</p> <p>11 doctor but rather as somebody who has spent</p> <p>12 years trying to prevent injury --</p> <p>13 A. Uh-huh.</p> <p>14 Q. -- both at CCBH and outside of CCBH</p> <p>15 and your work in trying to understand the scope</p> <p>16 and scale and causes of the opioid epidemic.</p> <p>17 So that's the capacity in which I'm</p> <p>18 asking you for your understanding about why the</p> <p>19 utilization -- the required utilization of the</p> <p>20 OARRS system by licensed prescribers has had an</p> <p>21 impact on the opioid epidemic in Cuyahoga</p> <p>22 County.</p> <p>23 A. I -- it allows them to monitor</p> <p>24 trends and prescribing patterns as well as</p> <p>25 adhere to prescribing guidelines.</p>
<p style="text-align: right;">Page 63</p> <p>1 A. I think it allows physicians to</p> <p>2 identify red flags in patients who have an</p> <p>3 excess quantity of prescription medications. I</p> <p>4 think it also allows them to be more cognizant</p> <p>5 of their own prescribing habits.</p> <p>6 And at the moment, that's all I can</p> <p>7 think of. But I -- I know that there are other</p> <p>8 benefits to utilizing the OARRS system as well.</p> <p>9 Q. Do you know if there is any</p> <p>10 population-based statistical information that</p> <p>11 supports your view that the implementation and</p> <p>12 use of the OARRS system by licensed physicians</p> <p>13 has had a positive impact on the opioid abuse</p> <p>14 epidemic in the county?</p> <p>15 A. I don't have that information here</p> <p>16 in front of me today. But in my professional</p> <p>17 capacity, that has been discussed.</p> <p>18 Q. You've seen that -- you've seen data</p> <p>19 that support that concept, correct?</p> <p>20 A. I have seen articles, yes.</p> <p>21 Q. Under Ohio law, licensed physicians</p> <p>22 are required to check the OARRS system for each</p> <p>23 patient before they make a decision about</p> <p>24 whether to prescribe an opioid medication to</p> <p>25 that patient, correct?</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. Are there any responsibilities that</p> <p>2 you had in the role of injury prevention</p> <p>3 coordinator that you think are important that</p> <p>4 we've not already addressed here this morning?</p> <p>5 A. Yes. I -- I think as my role as</p> <p>6 injury prevention coordinator being a -- a face</p> <p>7 in the community to raise awareness to the</p> <p>8 misuse of prescription medications and the</p> <p>9 safety misconceptions of prescription</p> <p>10 medication when they are prescribed by a</p> <p>11 professional and being able to raise that</p> <p>12 awareness to even community members to help to</p> <p>13 eradicate that not my kid, not my community</p> <p>14 mentality, as well as to continue to help to</p> <p>15 reduce the stigma associated with drug abuse.</p> <p>16 Q. When you talk about the stigma</p> <p>17 associated drug abuse, can you tell us more</p> <p>18 about that?</p> <p>19 A. Sure. I think the way and the</p> <p>20 nature that we have treated addiction as a</p> <p>21 whole over the years has had a negative impact</p> <p>22 on how we have viewed individuals who are</p> <p>23 suffering from a substance abuse disorder. We</p> <p>24 know that oftentimes individuals view addicts</p> <p>25 or those suffering from a substance abuse as</p>

<p style="text-align: right;">Page 66</p> <p>1 having a moral flaw or moral character flaw as</p> <p>2 opposed to suffering from a disease.</p> <p>3 Q. To what extent do you believe that a</p> <p>4 cultural mind-set that stigmatizes addiction in</p> <p>5 the way you described is responsible for the</p> <p>6 opioid abuse epidemic?</p> <p>7 A. I think it absolutely plays a role</p> <p>8 in the -- the opioid epidemic. I think changes</p> <p>9 that occurred in the late '90s with the</p> <p>10 Intractable Pain Act have led to an environment</p> <p>11 where we had overprescribing of medications by</p> <p>12 physicians, and we have created a culture in</p> <p>13 our society where Americans want a quick fix</p> <p>14 for every ailment and sort of a -- a pill</p> <p>15 for -- for everything and a -- and, like I</p> <p>16 mentioned, a -- a quick fix. I think the</p> <p>17 self-medicating habits of individuals have</p> <p>18 contributed to this.</p> <p>19 But stigma as a whole and that</p> <p>20 negative mind-set of individuals who are</p> <p>21 suffering from a substance abuse disorder has</p> <p>22 plagued the community as well as the way that</p> <p>23 we talk about this or the way that we don't</p> <p>24 talk about it and the way that we interact with</p> <p>25 and treat individuals with substance abuse</p>	<p style="text-align: right;">Page 68</p> <p>1 issue; is that fair?</p> <p>2 MS. SACKS: Objection.</p> <p>3 THE WITNESS: There were police</p> <p>4 departments that did not view it as their</p> <p>5 responsibility to carry Naloxone and treat that</p> <p>6 patient medically.</p> <p>7 BY MR. BOEHM:</p> <p>8 Q. Are there any other examples that</p> <p>9 you can think of where governments or organs of</p> <p>10 government were slow to react or clumsy in</p> <p>11 their response, in part because of this</p> <p>12 cultural mind-set --</p> <p>13 A. Uh-huh.</p> <p>14 Q. -- that stigmatizes addiction?</p> <p>15 MS. SACKS: Objection.</p> <p>16 THE WITNESS: I think in our school</p> <p>17 systems. We had several school systems who</p> <p>18 were willing to host events to raise awareness</p> <p>19 to the misconceptions and the dangers of</p> <p>20 prescription drug abuse. And then we had</p> <p>21 others who were, again, not that -- not my kid,</p> <p>22 not my community mentality.</p> <p>23 I think organizations that dedicate</p> <p>24 funding to this issue, I think that has evolved</p> <p>25 over the years. You know, this is this is a --</p>
<p style="text-align: right;">Page 67</p> <p>1 disorder.</p> <p>2 Q. Has the cultural mind-set that</p> <p>3 stigmatizes addiction in the way you just</p> <p>4 described had an impact negatively on the way</p> <p>5 communities and government and individuals have</p> <p>6 responded to the opioid abuse epidemic?</p> <p>7 A. I -- yes. It -- it took quite some</p> <p>8 time and quite a bit of work to make a positive</p> <p>9 impact, for example, with our police</p> <p>10 departments being willing to carry Naloxone.</p> <p>11 When -- when we first started</p> <p>12 working with our police department to carry</p> <p>13 Naloxone, it was a very small percentage of</p> <p>14 them that -- that wanted to or were willing to</p> <p>15 carry Naloxone. And through efforts to try to</p> <p>16 reduce the stigma and to educate people on the</p> <p>17 disease of addiction we've made a positive</p> <p>18 impact on -- on a mind-set.</p> <p>19 And that's -- that's one example</p> <p>20 that I'm able to provide, but...</p> <p>21 Q. And that example, I think, if I</p> <p>22 understand you right, you're saying that there</p> <p>23 was at least initially some resistance in law</p> <p>24 enforcement to treating addiction more as a</p> <p>25 medical issue rather than as a criminal justice</p>	<p style="text-align: right;">Page 69</p> <p>1 an issue that impacts everybody.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. When you say organizations that have</p> <p>4 donated -- or that have dedicated money to</p> <p>5 addressing the opioid abuse epidemic --</p> <p>6 A. Uh-huh.</p> <p>7 Q. -- in the county and that having</p> <p>8 changed over time, what are you referring to?</p> <p>9 A. Whether of those dollars originate</p> <p>10 federally, from the state or from the local</p> <p>11 level, I think a lot of effort and attention is</p> <p>12 now being made to address this issue.</p> <p>13 Q. And you're saying --</p> <p>14 A. And so resources are being spent to</p> <p>15 put prevention and/or treatment initiatives in</p> <p>16 place to help curb the epidemic.</p> <p>17 Q. Is it your view that governments,</p> <p>18 including Cuyahoga County government, was slow</p> <p>19 in dedicating sufficient resources to address</p> <p>20 the opioid abuse epidemic in the county?</p> <p>21 MS. SACKS: Objection.</p> <p>22 THE WITNESS: I think there was a</p> <p>23 lack of awareness. I think stigma played a</p> <p>24 role. I think lack of education and awareness</p> <p>25 played a role.</p>

<p style="text-align: right;">Page 70</p> <p>1 When we were clued in to the</p> <p>2 severity of the issue, we acted.</p> <p>3 BY MR. BOEHM:</p> <p>4 Q. When you say "we" --</p> <p>5 A. I'm referring to the Cuyahoga County</p> <p>6 Board of Health specifically.</p> <p>7 Q. Did you find that other parts of the</p> <p>8 government in the county were not as -- were</p> <p>9 not sufficiently concerned with the epidemic</p> <p>10 when it became an important issue for the CCBH?</p> <p>11 MS. SACKS: Objection.</p> <p>12 THE WITNESS: I did not find that in</p> <p>13 my professional in capacity. The one thing</p> <p>14 that we have prided ourselves on and, in my</p> <p>15 belief, had some substantial success is the</p> <p>16 nature of our collaboration and willingness of</p> <p>17 individuals from the county and community to</p> <p>18 really step in and participate.</p> <p>19 BY MR. BOEHM:</p> <p>20 Q. Okay. Is it fair to say you took</p> <p>21 your responsibilities seriously in terms of</p> <p>22 your efforts at CCBH to address the opioid</p> <p>23 abuse epidemic?</p> <p>24 A. Yes. This is -- this is not just a</p> <p>25 job. I think this is something that you have</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. I'm really just trying to understand</p> <p>2 more about what you said earlier when you</p> <p>3 indicated that there was a little bit of a --</p> <p>4 maybe a delay or a challenge to overcome in</p> <p>5 trying to address the epidemic because, in your</p> <p>6 view, there was a lack of education and a lack</p> <p>7 of awareness.</p> <p>8 A. Uh-huh.</p> <p>9 Q. Is that fair?</p> <p>10 A. That is fair.</p> <p>11 Q. Okay. And when you talk about the</p> <p>12 lack of awareness and the lack of education,</p> <p>13 who -- on whose part were you seeing a lack of</p> <p>14 education and a lack of awareness insofar as it</p> <p>15 concerned the objectives you --</p> <p>16 A. Uh-huh.</p> <p>17 Q. -- were trying to achieve --</p> <p>18 A. Sure.</p> <p>19 Q. -- at CCBH?</p> <p>20 A. I think there were numerous</p> <p>21 populations of people that had a general lack</p> <p>22 of understanding to the nature and severity of</p> <p>23 the epidemic. It was newer in nature to those</p> <p>24 community organizations that were beginning to</p> <p>25 work on this initiative.</p>
<p style="text-align: right;">Page 71</p> <p>1 to be passionate about. It's a -- it's a hard</p> <p>2 subject matter. And I -- I did take it</p> <p>3 seriously.</p> <p>4 Q. You indicated in one of the answers</p> <p>5 you just gave that it was your feeling that</p> <p>6 there was a lack of awareness.</p> <p>7 Can you describe how you think that</p> <p>8 lack of awareness manifested?</p> <p>9 A. Is your question how folks weren't</p> <p>10 educated --</p> <p>11 MS. SACKS: If you don't understand,</p> <p>12 just say you don't understand.</p> <p>13 THE WITNESS: I don't understand.</p> <p>14 BY MR. BOEHM:</p> <p>15 Q. Well, we can -- it's a --</p> <p>16 MS. SACKS: It's a little</p> <p>17 conversational, so...</p> <p>18 BY MR. BOEHM:</p> <p>19 Q. That -- that's okay. I'm happy</p> <p>20 to -- to make it more clear, if that's helpful</p> <p>21 for you.</p> <p>22 A. That would be helpful.</p> <p>23 Q. Sure.</p> <p>24 I think you were on the right track.</p> <p>25 A. Uh-huh.</p>	<p style="text-align: right;">Page 73</p> <p>1 We've seen other epidemics</p> <p>2 historically in the past that have gained a lot</p> <p>3 of media attention, such as the heroin epidemic</p> <p>4 of previous times and the crack cocaine</p> <p>5 epidemic.</p> <p>6 But this -- when this began to take</p> <p>7 off, I think there was a general lack of</p> <p>8 understanding that this was being caused and</p> <p>9 driven by prescription drugs.</p> <p>10 And there was general misconception,</p> <p>11 because these medications were oftentimes</p> <p>12 originally prescribed by a physician, that they</p> <p>13 were safer to use than illicit substances.</p> <p>14 Q. Do you agree that one of your duties</p> <p>15 and responsibilities at CCBH was to understand</p> <p>16 the causes and the scope of the opioid abuse</p> <p>17 epidemic within Cuyahoga County?</p> <p>18 A. Yes, I do.</p> <p>19 Q. If you turn back to Exhibit 1, which</p> <p>20 is this résumé from not before 2014, on the</p> <p>21 second page under a section entitled "Relevant</p> <p>22 Experience," you indicate that you were a</p> <p>23 member of the Cuyahoga County Opiate Task</p> <p>24 Force.</p> <p>25 Do you see that?</p>

<p style="text-align: right;">Page 74</p> <p>1 A. Yes.</p> <p>2 Q. What's the Cuyahoga County Opiate</p> <p>3 Task Force?</p> <p>4 A. The Cuyahoga County Opiate Task</p> <p>5 Force was a group of professionals with wide</p> <p>6 ranging experience and expertise that convened</p> <p>7 to not only increase their knowledge of the</p> <p>8 currently landscape of opioid abuse in Cuyahoga</p> <p>9 County but also they were the folks with boots</p> <p>10 on the ground in the communities implementing</p> <p>11 programming.</p> <p>12 Q. What was your role with respect to</p> <p>13 the Cuyahoga County Opiate Task Force?</p> <p>14 A. I was a -- a member of the Cuyahoga</p> <p>15 County Opiate Task Force. Some of my duties</p> <p>16 within my grant required additional efforts</p> <p>17 within the -- the Cuyahoga County task force.</p> <p>18 But I was not the chair; I was a member.</p> <p>19 Q. Were you ever the cochair of the</p> <p>20 Cuyahoga County Opiate Task Force?</p> <p>21 A. I stepped into the role of cochair</p> <p>22 occasionally if the chair was unavailable. But</p> <p>23 I was not primarily the chair nor cochair.</p> <p>24 Q. There -- so if I understand you</p> <p>25 correctly, there were times when you assumed</p>	<p style="text-align: right;">Page 76</p> <p>1 A. That became a joint project in 2018.</p> <p>2 Q. Do you know why?</p> <p>3 A. There was -- it -- it's my</p> <p>4 understanding that there were language changes.</p> <p>5 I -- I don't know if it was legislation, but</p> <p>6 there were language changes that mandated that</p> <p>7 ADAMHS Boards have control of county opiate</p> <p>8 task forces.</p> <p>9 Q. But in Cuyahoga County, that had not</p> <p>10 been true up until this past year, right?</p> <p>11 A. That is my understanding.</p> <p>12 Q. Okay. When was the Cuyahoga County</p> <p>13 Opiate Task Force established?</p> <p>14 A. Officially established in 2010.</p> <p>15 Q. When you say it was officially</p> <p>16 established in 2010 --</p> <p>17 A. Uh-huh.</p> <p>18 Q. -- does that mean that there was</p> <p>19 something like this that existed prior to 2010</p> <p>20 but it just wasn't official?</p> <p>21 A. Prior to 2010 we had a small group</p> <p>22 of individuals who primarily dedicated their</p> <p>23 time to drug take-back events. And so there</p> <p>24 was a smaller foundation of individuals from</p> <p>25 the organizations that are still currently</p>
<p style="text-align: right;">Page 75</p> <p>1 the duties and responsibilities of cochair of</p> <p>2 the Cuyahoga County Opiate Task Force, but that</p> <p>3 was not your standard or standing position?</p> <p>4 A. It wasn't a standing position.</p> <p>5 Q. Who was the chair of the Cuyahoga</p> <p>6 County Opiate Task Force?</p> <p>7 A. The chair of the Cuyahoga County</p> <p>8 Opiate Task Force was Vince Caraffi.</p> <p>9 Q. Has Mr. Caraffi always been the</p> <p>10 chair of the Cuyahoga County Opiate Task Force?</p> <p>11 A. He was the chair since the inception</p> <p>12 of the Cuyahoga County Opiate Task Force. He's</p> <p>13 no longer the chair.</p> <p>14 Q. Okay. Who's presently the chair of</p> <p>15 the task force?</p> <p>16 A. There are -- it's my understanding</p> <p>17 there are cochairs of task force now colead by</p> <p>18 the Cuyahoga County ADAMHS Board and the</p> <p>19 Cuyahoga County Board of Health.</p> <p>20 Q. Was the Cuyahoga County Opiate Task</p> <p>21 Force always a joint partnership between CCBH</p> <p>22 and the ADAMHS Board?</p> <p>23 A. No.</p> <p>24 Q. When did it become a joint project</p> <p>25 with the ADAMHS Board?</p>	<p style="text-align: right;">Page 77</p> <p>1 represented on the task force.</p> <p>2 But in 2010 is when the Ohio</p> <p>3 Department of Health partnered with</p> <p>4 FleishmanHillard, and it officially kicked off</p> <p>5 the Cuyahoga County Board of Health. So in --</p> <p>6 in 2010 was the formal inception and</p> <p>7 establishment of the Opiate --</p> <p>8 Q. When did --</p> <p>9 A. -- Task Force.</p> <p>10 Q. I'm sorry.</p> <p>11 A. No. It's okay.</p> <p>12 Q. When did the unofficial group start</p> <p>13 to do its work in terms of addressing the</p> <p>14 opioid epidemic in Cuyahoga County prior to the</p> <p>15 2010 establishment of the task force?</p> <p>16 A. I don't recall precisely what year</p> <p>17 that occurred. We began working in putting</p> <p>18 forth some efforts in 2006 -- as far back as</p> <p>19 2006. I don't know specifically what year the</p> <p>20 other groups came together.</p> <p>21 Q. Were you involved in the efforts</p> <p>22 here in Cuyahoga County to address the opioid</p> <p>23 abuse epidemic that began in 2006?</p> <p>24 A. Yes.</p> <p>25 Q. What were your responsibilities back</p>

<p style="text-align: right;">Page 78</p> <p>1 in 2006 when you all started to address the 2 opioid abuse epidemic in the county? 3 MS. SACKS: Objection. 4 THE WITNESS: In 2006 my role with 5 this initiative really was primarily focused on 6 improper disposal of medications and the 7 negative impacts that they were having on the 8 environment, landfills, waterways, things of 9 that nature. 10 My role was housed in the 11 environmental health service area at the 12 Cuyahoga County Board of Health, which is how 13 this program landed in that service area. 14 And so at that time we did begin to 15 work with community partners and would host 16 those take-back events. And through 17 partnership and connection with the Ohio 18 Department of Health and other community-based 19 organizations, we began to see the data that 20 showed the drastic increase in unintentional 21 fatalities. 22 And so it was at that time -- I 23 don't recall specifically what year -- but at 24 the time when we began receiving the data on 25 the increase in the fatalities, we shifted our</p>	<p style="text-align: right;">Page 80</p> <p>1 A. That would help. 2 Q. -- hopefully will refresh your 3 recollection. 4 A. Okay. 5 Q. Who were the founders of the 6 Cuyahoga County Opiate Task Force? 7 A. The Cuyahoga County Opiate Task 8 Force was formed at the Cuyahoga County Board 9 of Health. I was one of the initial members, 10 as was Mr. Caraffi, and then a few other folks 11 from community-based organizations. 12 Q. Is there a relationship between the 13 Ohio Department of Health Injury Prevention 14 Grant and the formation of the Cuyahoga County 15 Opiate Task Force, or are those two separate 16 and independent events? 17 A. They're separate and independent 18 events. However, the establishment of the 19 Cuyahoga County Opiate Task Force, ODH, I 20 believe I mentioned, in 2010 partnered with a 21 PR firm known as FleishmanHillard. That was by 22 design of the Ohio Department of Health. 23 One of the counties that 24 FleishmanHillard worked with was Cuyahoga 25 County. And that was due to burden within that</p>
<p style="text-align: right;">Page 79</p> <p>1 focus from the environmental impacts to 2 prevention efforts. 3 Q. Okay. Is it fair to say that you 4 were aware -- at least those of you at CCBH 5 working on this issue were aware of the 6 increased number of prescription drug overdoses 7 and overdose deaths in connection with 8 prescription opioids by the 2006, 2007 time 9 frame? 10 MS. SACKS: Objection. 11 THE WITNESS: I don't recall 12 specifically if it was within the 2006, 2007 13 time frame. 14 BY MR. BOEHM: 15 Q. Okay. Do -- do you recall when it 16 was that you realized that there was an uptick 17 in prescription opioid overdoses in Cuyahoga 18 County? 19 I don't mean the exact date. I mean 20 -- 21 A. Yeah. Yeah. So it was -- but -- 22 but to even pinpoint a specific year, I don't 23 recall specifically. 24 Q. Okay. We'll look at some documents 25 about that that --</p>	<p style="text-align: right;">Page 81</p> <p>1 county. And so the establishment was there. 2 The funding opportunity, although it 3 was independent of that work, I think because 4 we had the solid relationships and had already 5 laid the foundation of the task force, I think 6 that did assist in us being successful in 7 receiving the funding. 8 Q. Did you or others at CCBH work 9 directly with FleishmanHillard in connection 10 with addressing the opioid abuse epidemic in 11 Cuyahoga County? 12 MS. SACKS: Objection. 13 THE WITNESS: Can you be more 14 specific about -- what do you mean by 15 "directly"? 16 BY MR. BOEHM: 17 Q. Well, did you work with them? 18 I -- I'm try -- I'm intentionally 19 not being overly specific. 20 A. Uh-huh. 21 Q. And my question to you is whether or 22 not you or others at CCBH, to your knowledge, 23 worked with -- 24 A. Uh-huh. 25 Q. -- people from FleishmanHillard in</p>

<p style="text-align: right;">Page 82</p> <p>1 connection with your efforts to address the</p> <p>2 opioid abuse epidemic --</p> <p>3 A. Uh-huh.</p> <p>4 Q. -- in Cuyahoga County.</p> <p>5 A. My recollection of our interaction</p> <p>6 with FleishmanHillard is that they -- they</p> <p>7 attended our existing Opiate Task Force</p> <p>8 meetings, and they were responsible for</p> <p>9 creating marketing materials in the form of</p> <p>10 educational and awareness-raising documents and</p> <p>11 materials.</p> <p>12 Q. Okay. Did they have medical</p> <p>13 professionals at FleishmanHillard who were</p> <p>14 assisting in that efforts?</p> <p>15 A. I do not know.</p> <p>16 Q. Did you personally work with anyone</p> <p>17 at FleishmanHillard in connection with</p> <p>18 addressing the opiate -- opioid epidemic in</p> <p>19 Cuyahoga County?</p> <p>20 A. I did not, other than communicating</p> <p>21 with the individual who attended the Cuyahoga</p> <p>22 County Opiate Task Force meeting.</p> <p>23 Q. Did FleishmanHillard provide</p> <p>24 materials for you to use in connection with</p> <p>25 your awareness efforts or other initiatives?</p>	<p style="text-align: right;">Page 84</p> <p>1 my understanding that a lot of that content was</p> <p>2 derived from data from the Ohio Department of</p> <p>3 Health.</p> <p>4 Q. But you're not aware of exactly how</p> <p>5 those materials were created?</p> <p>6 A. I couldn't say specifically.</p> <p>7 Q. Okay. If you go to the next bullet</p> <p>8 point on Page 2 of Exhibit 1, it says: "Member</p> <p>9 of the Ohio Injury Prevention Partnership,</p> <p>10 OIPP."</p> <p>11 Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. What is the Ohio Injury Prevention</p> <p>14 Partnership?</p> <p>15 A. The Ohio Injury Prevention</p> <p>16 Partnership was a statewide coalition of injury</p> <p>17 professionals that included a prescription drug</p> <p>18 action group, which is the -- the next acronym</p> <p>19 that you see. So that was a subcommittee of</p> <p>20 the overall OIPP.</p> <p>21 So there were statewide</p> <p>22 professionals that attended that meeting for a</p> <p>23 variety of injury prevention topics.</p> <p>24 Q. When did you become a member of</p> <p>25 OIPP?</p>
<p style="text-align: right;">Page 83</p> <p>1 A. They did.</p> <p>2 Q. Do you know how those materials were</p> <p>3 generated?</p> <p>4 A. I do not.</p> <p>5 Q. Did you use those materials?</p> <p>6 A. My recollection is yes.</p> <p>7 Q. Would those be materials you would</p> <p>8 put into slide decks, or were they used in</p> <p>9 other ways?</p> <p>10 A. Their logo and color scheme that</p> <p>11 they had created was used in slide decks.</p> <p>12 Q. Okay. Setting aside logos and</p> <p>13 colors. I'm talking about content.</p> <p>14 Did they provide content?</p> <p>15 A. I believe so, yes.</p> <p>16 Q. And would you use content provided</p> <p>17 to you by FleishmanHillard in terms of your</p> <p>18 efforts to -- to increase awareness about the</p> <p>19 opioid epidemic or for other initiatives?</p> <p>20 A. Yes.</p> <p>21 Q. And how would you use those</p> <p>22 materials?</p> <p>23 A. We would use them when we were at</p> <p>24 community events. As you mentioned, we would</p> <p>25 utilize those in slide presentations. And it's</p>	<p style="text-align: right;">Page 85</p> <p>1 A. I don't recall specifically. I can</p> <p>2 make a guess, but it would be a guess.</p> <p>3 Q. Do you remember roughly?</p> <p>4 A. It would have been between 2008 and</p> <p>5 2010.</p> <p>6 Q. Was the Ohio Injury Prevention</p> <p>7 Partnership established for the purposes of</p> <p>8 addressing prescription drug abuse?</p> <p>9 A. That was one of their priority</p> <p>10 injury action areas. I could not say</p> <p>11 definitively if that was one of the sole</p> <p>12 purposes in which it was established.</p> <p>13 Q. Do you know when it was established?</p> <p>14 A. I do not.</p> <p>15 Q. Did you join when it was establish</p> <p>16 or around the time it was established?</p> <p>17 A. No. It was established prior to me</p> <p>18 joining.</p> <p>19 Q. And then you indicated that there</p> <p>20 was this subgroup of the Ohio Injury Prevention</p> <p>21 Partnership called the Prescription Drug Abuse</p> <p>22 Action Group.</p> <p>23 A. Correct.</p> <p>24 Q. And it looks like there's an acronym</p> <p>25 for that, P-D-A-A-G?</p>

<p style="text-align: right;">Page 86</p> <p>1 A. Correct.</p> <p>2 Q. Do you sometime -- what to you call</p> <p>3 that, PDAAG?</p> <p>4 A. PDAAG.</p> <p>5 Q. What is the Prescription Drug Abuse</p> <p>6 Action Group?</p> <p>7 A. The Prescription Drug Abuse Action</p> <p>8 Group was a subcommittee of the overall larger</p> <p>9 Ohio Injury Prevention Partnership. And just</p> <p>10 in the way that OIPP was comprised of injury</p> <p>11 prevention professionals that were dedicated to</p> <p>12 a handful of other -- other injury prevention</p> <p>13 topics, this subcommittee was comprised of</p> <p>14 individuals that were focused primarily on</p> <p>15 prescription drug abuse.</p> <p>16 Q. Okay. When was the Prescription</p> <p>17 Drug Abuse Action Group set up?</p> <p>18 A. I do not know.</p> <p>19 Q. Do you know roughly?</p> <p>20 A. I do not.</p> <p>21 Q. But you were a member of that?</p> <p>22 A. I was. I was not a founding member,</p> <p>23 but I was a member.</p> <p>24 Q. Do you recall when you became a</p> <p>25 member of the Prescription Drug Abuse Action</p>	<p style="text-align: right;">Page 88</p> <p>1 Q. Okay. What were your</p> <p>2 responsibilities as cochair?</p> <p>3 A. My responsibilities in cochair were</p> <p>4 primarily administrative: creating agendas,</p> <p>5 meeting minutes, and organizing guest speakers</p> <p>6 for the group.</p> <p>7 Q. Would you make public presentations</p> <p>8 in your capacity as a member and then</p> <p>9 ultimately cochair of the Prescription Drug</p> <p>10 Abuse Action Group?</p> <p>11 A. Not on behalf of the PDAAG.</p> <p>12 Q. Okay. You were making presentations</p> <p>13 on behalf of CCBH at the time but not on behalf</p> <p>14 of PDAAG?</p> <p>15 A. That is correct. I -- I can't</p> <p>16 recall, as -- in my time as cochair or even as</p> <p>17 a member, if I gave a presentation while</p> <p>18 attending a PDAAG meeting. But I never give a</p> <p>19 community-based presentation on behalf of</p> <p>20 PDAAG.</p> <p>21 Q. Obviously this résumé is not a</p> <p>22 hundred percent up-to-date. So maybe you and I</p> <p>23 can fill in some of the gaps for the record.</p> <p>24 You're no longer employed at CCBH,</p> <p>25 correct?</p>
<p style="text-align: right;">Page 87</p> <p>1 Group?</p> <p>2 A. It would have been at the same time</p> <p>3 that I joined the OIPP.</p> <p>4 Q. Sometime between 2008 and 2010?</p> <p>5 A. Approximately.</p> <p>6 Q. What was your role in connection</p> <p>7 with the Prescription Drug Abuse Action Group?</p> <p>8 A. Initially I was an attendee. I</p> <p>9 would attend and -- and listen in. And we</p> <p>10 talked about statewide efforts that were</p> <p>11 underway, share best practices and -- and talk</p> <p>12 about things of that nature.</p> <p>13 As time progressed, I did play more</p> <p>14 of a role in the PDAAG.</p> <p>15 Q. Okay. Tell me about how your role</p> <p>16 evolved.</p> <p>17 A. So as our time with the grant</p> <p>18 evolved, we received supplemental funding from</p> <p>19 the Ohio Department of Health to enhance and</p> <p>20 increase our statewide efforts and initiatives.</p> <p>21 And that included chairing the -- cochairing</p> <p>22 the Prescription Drug Abuse Action Group.</p> <p>23 Q. So you ultimately became the cochair</p> <p>24 of the Prescription Drug Abuse Action Group?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 89</p> <p>1 A. That is correct.</p> <p>2 Q. When did you leave CCBH?</p> <p>3 A. I left CCBH August of 2017.</p> <p>4 Q. Why did you choose to leave from</p> <p>5 your position at the Cuyahoga County Board of</p> <p>6 Health?</p> <p>7 A. I had another opportunity that</p> <p>8 presented itself.</p> <p>9 Q. What opportunity was that?</p> <p>10 A. That was the role of the executive</p> <p>11 director of the Northeast Ohio Hospital Opioid</p> <p>12 Consortium.</p> <p>13 Q. What is the Northeast Ohio Hospital</p> <p>14 Opioid Consortium?</p> <p>15 A. The Northeast Ohio Hospital Opioid</p> <p>16 Consortium was a collaboration of five of our</p> <p>17 area's large hospital systems that had come</p> <p>18 together to work collaboratively to curb the</p> <p>19 opiate epidemic.</p> <p>20 Q. What are the member hospitals of</p> <p>21 this consortium?</p> <p>22 A. There were five member hospital:</p> <p>23 the Cleveland Clinic, University Hospitals,</p> <p>24 MetroHealth, the VA, and St. Vincent Charity</p> <p>25 Medical Center.</p>

<p style="text-align: right;">Page 90</p> <p>1 Q. Did I understand correctly that this</p> <p>2 consortium was established specifically for the</p> <p>3 purpose of addressing the opioid epidemic?</p> <p>4 A. That is correct.</p> <p>5 Q. And you became the executive</p> <p>6 director?</p> <p>7 A. That is correct.</p> <p>8 Q. What were your responsibilities in</p> <p>9 that role as executive director of the</p> <p>10 Northeast Ohio Hospital Opioid Consortium?</p> <p>11 A. My responsibility was to streamline</p> <p>12 and coordinate the efforts, share best</p> <p>13 practices within the hospitals that were</p> <p>14 participants in that, to create a strategic</p> <p>15 plan to move us forward in unison and agree</p> <p>16 on -- on common goals.</p> <p>17 Q. Okay. You indicated that one of</p> <p>18 your responsibilities was to help establish</p> <p>19 best practices, right?</p> <p>20 A. My role was not to establish the</p> <p>21 best practices. It was to share best practices</p> <p>22 that were underway within the hospital systems.</p> <p>23 Q. Okay. Tell us about the best</p> <p>24 practices that you have in mind when you talk</p> <p>25 about sharing those within the hospitals that</p>	<p style="text-align: right;">Page 92</p> <p>1 being responsible for inputting this data, the</p> <p>2 information that was shared with me was a</p> <p>3 particular hospital system building into their</p> <p>4 own EMR -- and I should state also that these</p> <p>5 hospitals systems did not all share the same</p> <p>6 type of EMR. They didn't communicate with one</p> <p>7 another. The EMRs did not communicate with one</p> <p>8 another.</p> <p>9 But they -- they built functionality</p> <p>10 into the system that, when a physician would</p> <p>11 input in a prescription dosage or information</p> <p>12 about a patient, if it exceeded a quantity that</p> <p>13 had been set forth by their hospital's adoption</p> <p>14 of prescribing guidelines, it would trip a red</p> <p>15 flag.</p> <p>16 And then, based upon the physician</p> <p>17 recommendations or what they felt, they</p> <p>18 could -- they could supersede that -- that red</p> <p>19 flag, or they could make other determinations.</p> <p>20 But this -- this capturing of this</p> <p>21 data within their system did identify</p> <p>22 prescribing patterns and trends among the</p> <p>23 providers within the hospital systems.</p> <p>24 Q. I -- okay.</p> <p>25 Is it fair to say that there had</p>
<p style="text-align: right;">Page 91</p> <p>1 are participating in the consortium.</p> <p>2 A. One example that comes to mind is</p> <p>3 building functionality into their EMRs that</p> <p>4 would essentially prohibit and limit the</p> <p>5 overprescribing of medications.</p> <p>6 Another example that comes to mind</p> <p>7 was systemwide education on proper prescribing</p> <p>8 and misconceptions to opioid abuse. So</p> <p>9 essentially educating the staff with a unified</p> <p>10 message.</p> <p>11 Q. Okay. Any other examples come to</p> <p>12 mind in terms of best practices?</p> <p>13 A. There were others, but not at the</p> <p>14 moment. Those are the two that -- that come to</p> <p>15 mind.</p> <p>16 Q. Okay. Let's talk about those two.</p> <p>17 What is an EMR?</p> <p>18 A. An ER -- EMR is an electronic</p> <p>19 medical record.</p> <p>20 Q. Okay. What were the best practices</p> <p>21 in terms of electronic medical record</p> <p>22 functionality insofar as it concerns</p> <p>23 appropriate use of prescription opioids?</p> <p>24 A. My understanding, from my capacity</p> <p>25 and not having direct access to their EMRs or</p>	<p style="text-align: right;">Page 93</p> <p>1 been variation as between the different</p> <p>2 hospitals participating in the consortium in</p> <p>3 terms of the level of functionality for</p> <p>4 electronic medical records?</p> <p>5 A. That is correct.</p> <p>6 Q. Was one of your objectives to</p> <p>7 standardize a functionality across the</p> <p>8 consortium?</p> <p>9 A. One of my objectives wasn't</p> <p>10 necessarily to standardize it in the sense that</p> <p>11 they would all be on the same EMR. But it</p> <p>12 would be -- one of my objectives would be to</p> <p>13 share this information with another hospital</p> <p>14 system in the hopes that -- that they could</p> <p>15 elevate their system to -- to meet those same</p> <p>16 objectives.</p> <p>17 Didn't necessarily have to mirror</p> <p>18 one another but to share that best practice.</p> <p>19 Q. Okay. Was there one or two of the</p> <p>20 hospitals that seemed to be doing a better job</p> <p>21 in terms of EMR functionality than the others</p> <p>22 that -- that served as a --</p> <p>23 A. Uh-huh.</p> <p>24 Q. -- kind of the model or the</p> <p>25 standard?</p>

<p style="text-align: right;">Page 94</p> <p>1 MS SACKS: Objection.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. Go ahead.</p> <p>4 A. From the information that was shared</p> <p>5 with me, again, not ever working directly with</p> <p>6 their EMRs, you know, they each had their --</p> <p>7 their own strengths and weaknesses, not only in</p> <p>8 terms of the EMR but with a broad sense of</p> <p>9 their opioid related prevention efforts and</p> <p>10 programming.</p> <p>11 Does that answer your question?</p> <p>12 Q. I think partly.</p> <p>13 Were -- was -- was there a hospital</p> <p>14 or two among the consortium that -- that, in</p> <p>15 your view, had better practices and procedures</p> <p>16 in terms of guiding physicians and staff --</p> <p>17 A. Uh-huh.</p> <p>18 Q. -- in terms of the use of</p> <p>19 prescription opioids?</p> <p>20 A. In terms of specifically referring</p> <p>21 to the EMR, the Cleveland Clinic and</p> <p>22 MetroHealth stood out to me as examples that</p> <p>23 had sound systems place. In terms of education</p> <p>24 and prevention efforts, those two systems also</p> <p>25 stood out.</p>	<p style="text-align: right;">Page 96</p> <p>1 the -- the level to which the hospital systems</p> <p>2 distributed Naloxone.</p> <p>3 Q. So when you talk about the nurses'</p> <p>4 education, can you describe for us just a</p> <p>5 little bit more about what you mean.</p> <p>6 What was the issue that you were</p> <p>7 seeing that needed to be addressed?</p> <p>8 A. So the information that was shared</p> <p>9 with me from this -- from these nurses was that</p> <p>10 there was a lack of education from within the</p> <p>11 hospital systems, almost as if they felt</p> <p>12 forgotten.</p> <p>13 They often have significant</p> <p>14 interaction with the patients prior to their</p> <p>15 physician. There were safety concerns among</p> <p>16 the nurses. And they really felt the need to</p> <p>17 be equipped with the tools to be able to</p> <p>18 properly communicate not only with the patients</p> <p>19 but also with the patients' families.</p> <p>20 To give you an example, there were</p> <p>21 examples of patients in the hospitals where a</p> <p>22 family member, friend, loved one would come</p> <p>23 onto the floor seeking drugs or with the intent</p> <p>24 to pass along drugs to those patients. And</p> <p>25 overdoses were occurring while the individual</p>
<p style="text-align: right;">Page 95</p> <p>1 The VA excelled in different areas</p> <p>2 in terms of their Naloxone distribution, for</p> <p>3 example.</p> <p>4 And St. Vincent's also had strengths</p> <p>5 and weaknesses as well.</p> <p>6 The -- the hospital systems that</p> <p>7 made up the consortium were very diverse. And</p> <p>8 that was intended to lead -- lead to the</p> <p>9 strength of the consortium.</p> <p>10 Q. What were some of the weaknesses</p> <p>11 that you spotted or others spotted as part of</p> <p>12 this consortium efforts -- that -- that you all</p> <p>13 addressed?</p> <p>14 A. Uh-huh. One of the weaknesses that</p> <p>15 was identified was the lack of a systemwide</p> <p>16 standard education message in -- in terms of</p> <p>17 opioids.</p> <p>18 Nurses were a -- an area that</p> <p>19 continued to come to light with specific needs</p> <p>20 in terms of not only their own education but</p> <p>21 being able to properly communicate with -- with</p> <p>22 their patients. So nursing and education of</p> <p>23 the nurses and that standardized message was --</p> <p>24 was one area of weakness.</p> <p>25 Another area that was identified was</p>	<p style="text-align: right;">Page 97</p> <p>1 was either a patient within the hospital or</p> <p>2 their family member or friend or loved one that</p> <p>3 came to visit them. And the staff needed to be</p> <p>4 equipped to properly deal with that.</p> <p>5 Q. Okay. Did you implement changes in</p> <p>6 terms of the way nurses were being included and</p> <p>7 the way nurses were being educated when it</p> <p>8 comes to dealing with individuals who were</p> <p>9 addicted to opioids?</p> <p>10 A. We started to. Prior to my</p> <p>11 departure from the Center For Health Affairs,</p> <p>12 we had created a nursing workgroup to focus on</p> <p>13 specifically that. Started with a survey of</p> <p>14 existing resources and -- and continued from</p> <p>15 there. So that was started prior to my</p> <p>16 departure.</p> <p>17 Q. You indicated that you were able to</p> <p>18 identify trends through review of the</p> <p>19 electronic medical records and -- and</p> <p>20 addressing functionality concerns.</p> <p>21 Did hear that correctly?</p> <p>22 A. I specifically did not identify the</p> <p>23 trends. The individuals working within the</p> <p>24 hospital systems that utilize those systems</p> <p>25 were able to identify those trends.</p>

<p style="text-align: right;">Page 98</p> <p>1 Q. What trends did those individuals 2 identify through the -- the -- the electronic 3 medical records? 4 A. They were able to identify quantity 5 of prescriptions. They were able to narrow it 6 down not only to specific providers but also to 7 specific departments within the hospitals. 8 And by identifying those trends, not 9 only to the overprescribers or superprescribers 10 or the -- the departments with the highest 11 rates of dispensing or prescribing of these 12 medications, they were able to create targeted 13 education to those departments. 14 Q. Okay. 15 A. And if -- if I'm correct, that was 16 part of the functionality that was built into 17 their -- their EMR. There were links that 18 would connect them directly to educational 19 platforms. 20 Q. So if I understand you correctly, 21 through efforts to improve the electronic 22 medical record systems at these hospitals, it 23 became possible to more easily identify 24 physicians at the hospitals who were perhaps 25 prescribing too many prescription opioids to</p>	<p style="text-align: right;">Page 100</p> <p>1 following guidelines or were somehow otherwise 2 overprescribing to patients? 3 A. That -- 4 MS. SACKS: Objection. 5 BY MR. BOEHM: 6 Q. Go ahead. 7 A. That was my understanding. 8 Q. Do you know many -- how many 9 physicians at Cleveland Clinic were identified 10 as potentially overprescribing? 11 A. I do not know. 12 Q. Do you know how many physicians of 13 MetroHealth were identified as overprescribing? 14 A. I do not know. 15 Q. What efforts were undertaken by 16 those hospitals or by the consortium overall to 17 address the prescribing habits of the specific 18 physicians at those institution who were 19 identified as overprescribing? 20 A. It's my understanding that each of 21 those institution that utilized that type of 22 system had their own education and 23 requirements. Once those physicians or 24 departments were identified, they -- they had 25 their own requirements on how it was addressed,</p>
<p style="text-align: right;">Page 99</p> <p>1 their patients. 2 Is that what I understand? 3 A. Correct. 4 Q. Okay. How many physicians, to your 5 knowledge, were identified as requiring 6 targeted education due to the volume of their 7 prescribing habits? 8 A. I do not know. 9 Q. Were there physicians identified at 10 each of the member hospitals whose prescribing 11 habits led to targeted education efforts? 12 A. Well, remember not all of the 13 participating hospitals utilized that same 14 system. But those that did, it was my 15 understanding that they were able to identify 16 prescribers that did not comply or had habits 17 that were out of line with the prescribing 18 guidelines. 19 Q. Which of the member hospitals had 20 EMR systems that allowed for the identification 21 of the overprescribing physicians? 22 A. It's my understanding that was the 23 Cleveland Clinic and MetroHealth. 24 Q. And MetroHealth and Cleveland Clinic 25 were able to identify physicians who were not</p>	<p style="text-align: right;">Page 101</p> <p>1 through education, through disciplinary action. 2 That was not standardized among the consortium 3 hospitals. 4 Q. How many physicians at Cleveland 5 Clinic or MetroHealth were disciplined in 6 connection with their prescribing habits of 7 prescription opioids? 8 A. I do not know. 9 MS. SACKS: Objection. 10 Q. Were some disciplined? 11 MS SACKS: Objection. 12 THE WITNESS: I do not know 13 specifically. 14 BY MR. BOEHM: 15 Q. Do you know who we would have to ask 16 about that? 17 A. You would have to ask those 18 institutions. 19 Q. Okay. You indicated that you were 20 able -- those institution were able to 21 identifying physicians who weren't following 22 guidelines, right? 23 A. Yes. 24 Q. What guidelines are you referring 25 to?</p>

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1 A. So the hospital systems had
2 adopted -- whether it was the CDC proper
3 prescribing guidelines or the Ohio department
4 proper prescribing guidelines. I'm referring
5 to those proper prescribing guidelines.
6 Q. Okay. Have those guidelines
7 outlined by the CDC been adopted by the
8 Northeast Ohio Hospital Opioid Consortium?
9 A. I cannot say specifically whether
10 they have adopted standardized uniform
11 prescribing guidelines. I know that the -- the
12 participating hospitals and the consortium have
13 adopted a version of the CDC or the Ohio
14 guidelines.
15 Q. You said a version of the CDC or
16 Ohio guidelines?
17 A. Uh-huh.
18 Q. And what do you mean by "Ohio
19 guidelines"?
20 A. Ohio released their own set of
21 proper prescribing guidelines that had called
22 out specific areas: acute care, emergency
23 departments settings. And I believe there was
24 one other environment that they called out in
25 their prescribing guidelines.

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1 Q. Do you know if the member hospitals
2 of the Northeast Ohio Hospital Opioid
3 Consortium have each formally adopted a written
4 guideline for the prescribing of prescription
5 opioid medications?
6 A. It's my understanding that they
7 have, yes.
8 Q. Have each of the members of the
9 opioid consortium adopted the same written
10 guideline, or do they have variation between
11 them?
12 A. That's what I'm unsure of. I don't
13 know if they're the same or if there is
14 variation among them.
15 Q. You know the prescribing guidelines
16 from the State of Ohio and from other medical
17 organizations have changed over time with
18 respect to prescription opioids, right?
19 A. Yes.
20 Q. Okay. Do you know when the member
21 hospitals for the Northeast Ohio Hospital
22 Opioid Consortium adopted the guidelines
23 currently in place for prescribing opioids?
24 A. I do not.
25 Q. Do you know if those guidelines were

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1 adopted during the time that you were the
2 executive director of the Northeast Ohio
3 Hospital Opioid Consortium?
4 A. I do not.
5 Q. What is the overarching mission of
6 the Northeast Ohio Hospital Opioid Consortium?
7 A. The overarching mission would be to
8 see a reduction in accidental fatalities
9 attributed to opioid abuse.
10 Q. Do you believe that the efforts of
11 the Northeast Ohio Hospital Opioid Consortium
12 have had an impact in reducing the number of
13 prescription drug overdoses in Cuyahoga County?
14 A. I could not quantify that with a
15 percentage that would support that claim. I do
16 believe that, with the programming that has put
17 in place, that over time it will have a
18 positive impact, if it has not had already.
19 Q. You indicated that you are no longer
20 with the Northeast Ohio Hospital Opioid
21 Consortium, correct?
22 A. That is correct.
23 Q. When did you leave that position?
24 A. I left that position April of 2018.
25 MS. SACKS: Before we get into that,

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1 could we take a break?
2 MR. BOEHM: Of course.
3 MS. SACKS: Okay.
4 MR. BOEHM: We can go off the
5 record.
6 THE VIDEOGRAPHER: We are going off
7 the record.
8 This is the end of Media Unit No. 1.
9 The time is 11:01.
10 (A short recess was taken.)
11 THE VIDEOGRAPHER: We are going back
12 on the record.
13 This is the beginning of Media Unit
14 No. 2.
15 The time is 11:20.
16 You may proceed, Counsel.
17 MR. BOEHM: Thank you.
18 BY MR. BOEHM:
19 Q. Welcome back from our short break --
20 A. Thank you.
21 Q. -- Ms. Leppla.
22 When we went off the record, we were
23 just finishing our conversation about your time
24 with the Northeast Ohio Hospital Opioid
25 Consortium. And I had asked you a little bit

<p style="text-align: right;">Page 106</p> <p>1 about the EMR systems --</p> <p>2 A. Uh-huh.</p> <p>3 Q. -- that those hospitals had in</p> <p>4 place.</p> <p>5 Do you remember that?</p> <p>6 A. I do.</p> <p>7 Q. And you particularly mentioned the</p> <p>8 systems for the Cleveland Clinic and for</p> <p>9 MetroHealth. And I just had a couple of</p> <p>10 follow-ups on that.</p> <p>11 Have the other hospitals in the</p> <p>12 consortium -- that is the -- the VA,</p> <p>13 St. Vincent's and University Hospitals -- have</p> <p>14 those hospitals adopted the standards and</p> <p>15 systems for electronic medical record</p> <p>16 functionality that are in effect at Cleveland</p> <p>17 Clinic and MetroHealth?</p> <p>18 A. I believe they have adopted some</p> <p>19 functionality within their EMRs. But they're</p> <p>20 not standardized to the same level of which the</p> <p>21 Cleveland Clinic and MetroHealth were</p> <p>22 utilizing.</p> <p>23 Q. When did Cleveland Clinic and</p> <p>24 MetroHealth adopt their EMR systems?</p> <p>25 A. I don't know specifically. It was</p>	<p style="text-align: right;">Page 108</p> <p>1 A. I think the diversity of the member</p> <p>2 hospitals that were participating on the</p> <p>3 consortium really lent itself to the intention</p> <p>4 of what the consortium was all about and to</p> <p>5 help share those best practices and elevate one</p> <p>6 hospital system to the level of another one</p> <p>7 that was excelling in a certain area.</p> <p>8 Q. Right. And that's partly the -- the</p> <p>9 gist of my question, but it's directly</p> <p>10 specifically at the University Hospital system.</p> <p>11 Do you have any views about whether</p> <p>12 or not that particular hospital had particular</p> <p>13 strengths or particular weaknesses in terms of</p> <p>14 their processes and procedures and guidelines</p> <p>15 insofar as it concerned prescription opioid</p> <p>16 medications?</p> <p>17 A. I do not.</p> <p>18 Q. I think you indicated that, in</p> <p>19 February 2000 -- I'm sorry.</p> <p>20 It was April 2018 you left your</p> <p>21 position as the head of this consortium?</p> <p>22 A. That is correct.</p> <p>23 Q. So you were there in that role for</p> <p>24 just about one year on the mark.</p> <p>25 A. No. I was there for less than a</p>
<p style="text-align: right;">Page 107</p> <p>1 prior to my role at the consortium.</p> <p>2 Q. Okay. Did the VA, St. Vincent's or</p> <p>3 University Hospitals update their EMR systems</p> <p>4 during the time that you were the executive</p> <p>5 director of the consortium?</p> <p>6 A. That was in progress during my time.</p> <p>7 MS SACKS: I'm sorry. One second.</p> <p>8 My -- my scroll's not working.</p> <p>9 Oh, nobody's is?</p> <p>10 THE REPORTER: Off the record then?</p> <p>11 MR. BOEHM: Sure.</p> <p>12 THE VIDEOGRAPHER: We -- we are</p> <p>13 going off the record.</p> <p>14 The time is 11:22.</p> <p>15 (A short recess was taken.)</p> <p>16 THE VIDEOGRAPHER: We are back on</p> <p>17 the record.</p> <p>18 The time is 11:25.</p> <p>19 You may proceed, Counsel.</p> <p>20 BY MR. BOEHM:</p> <p>21 Q. Ms. Leppla, do you have any views</p> <p>22 about the strength or weaknesses of the systems</p> <p>23 in place at University Hospitals insofar as it</p> <p>24 concerns addressing prescribing of opioid</p> <p>25 medications?</p>	<p style="text-align: right;">Page 109</p> <p>1 year.</p> <p>2 Q. Less than a year. I'm sorry. I</p> <p>3 must --</p> <p>4 A. Uh-huh.</p> <p>5 Q. -- have got the dates wrong.</p> <p>6 Would you just remind me of when you</p> <p>7 started as the director of the Northeast Ohio</p> <p>8 Opioid Consortium.</p> <p>9 A. I started in September of 2017.</p> <p>10 Q. And left in April 2018.</p> <p>11 A. Yes.</p> <p>12 Q. Why did you leave?</p> <p>13 A. The consortium went a different</p> <p>14 direction and wanted somebody with a clinical</p> <p>15 background in my role.</p> <p>16 Q. Who's in that role now?</p> <p>17 A. They have not backfilled my position</p> <p>18 at this time.</p> <p>19 Q. Okay. Did you want to leave?</p> <p>20 MS SACKS: Objection.</p> <p>21 THE WITNESS: I was asked to leave.</p> <p>22 I did want to see the initiatives through.</p> <p>23 BY MR. BOEHM:</p> <p>24 Q. Are you presently employed?</p> <p>25 A. I am.</p>

<p style="text-align: right;">Page 110</p> <p>1 Q. Where are you working now?</p> <p>2 A. I work for PAX Behavioral Health.</p> <p>3 Q. What is PAX Behavioral Health?</p> <p>4 A. PAX Behavioral Health is a treatment</p> <p>5 and recovery facility.</p> <p>6 Q. What is your position?</p> <p>7 A. My position there is twofold. I'm a</p> <p>8 business development specialist and outreach</p> <p>9 coordinator.</p> <p>10 Q. Is PAX Behavioral Health --</p> <p>11 A. Sorry.</p> <p>12 Q. That's okay.</p> <p>13 Is PAX Behavioral Health a business</p> <p>14 that provides addiction recovery services?</p> <p>15 A. Correct.</p> <p>16 Q. When were you hired by PAX</p> <p>17 Behavioral Health?</p> <p>18 A. October of 2018.</p> <p>19 Q. What are your duties?</p> <p>20 A. My duties, in terms of the business</p> <p>21 development specialist, are to assist them with</p> <p>22 making an informed decision on where to</p> <p>23 potentially open a Northeast Ohio facility</p> <p>24 location.</p> <p>25 And then I also am doing outreach to</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. Does PAX Behavioral Health</p> <p>2 specialize in any particular type of treatment?</p> <p>3 A. PAX Behavioral Health offers partial</p> <p>4 hospitalization and intensive outpatient</p> <p>5 programming at our Memphis, Tennessee, location</p> <p>6 and intensive outpatient treatment an</p> <p>7 outpatient at the Lake Worth, Florida,</p> <p>8 location. They do provide boarding for those</p> <p>9 in need.</p> <p>10 Q. Does PAX Behavioral Health</p> <p>11 specialize in the treatment of any particular</p> <p>12 type of substance use disorders?</p> <p>13 A. They are substance abuse as a whole.</p> <p>14 Yes. They're -- they're substance abuse as a</p> <p>15 whole.</p> <p>16 Q. So they deal with patients who are</p> <p>17 addicted to virtually any substance.</p> <p>18 Is that fair?</p> <p>19 A. They have the credentialing to do</p> <p>20 so.</p> <p>21 Q. Do you recall participating in the</p> <p>22 preparation of Cuyahoga County Board of Health</p> <p>23 annual reports?</p> <p>24 A. Yes.</p> <p>25 Q. Did you help prepare those reports?</p>
<p style="text-align: right;">Page 111</p> <p>1 help place patients at one of our two locations</p> <p>2 in Florida or Tennessee.</p> <p>3 Q. Does PAX Behavioral Health presently</p> <p>4 have a location in Ohio?</p> <p>5 A. They do not.</p> <p>6 Q. They intend to open one?</p> <p>7 A. That is their intention.</p> <p>8 Q. And one of your responsibilities is</p> <p>9 to look into potential opportunities for the</p> <p>10 opening of a -- of a location here in Ohio?</p> <p>11 A. To assist them making an informed</p> <p>12 decision on where to locate that facility.</p> <p>13 Q. Okay. And then you said you're also</p> <p>14 an outreach coordinator.</p> <p>15 What are your responsibilities as an</p> <p>16 outreach coordinator for PAX Behavioral Health?</p> <p>17 A. As an outreach coordinator, my</p> <p>18 responsibilities are to network and establish</p> <p>19 relationships with other providers in the --</p> <p>20 the goal of seeking referrals from patients who</p> <p>21 would benefit from the care at one of the two</p> <p>22 locations.</p> <p>23 Q. Is PAX Behavioral Health a</p> <p>24 for-profit corporation?</p> <p>25 A. It is.</p>	<p style="text-align: right;">Page 113</p> <p>1 A. Yes.</p> <p>2 Q. Who else participated in the</p> <p>3 preparation of the CCBH annual reports?</p> <p>4 A. It varied throughout the years. I</p> <p>5 am not entirely sure how many years I compiled</p> <p>6 the reports. But primarily I authored the</p> <p>7 report with contributions from Vince Caraffi,</p> <p>8 from others from our health department. Our</p> <p>9 marketing and communications director would</p> <p>10 review it and help edit it for grammar, not so</p> <p>11 much content but formation.</p> <p>12 Q. Is it fair to say that you typically</p> <p>13 were the principal drafter of the CCBH annual</p> <p>14 report?</p> <p>15 A. Yes.</p> <p>16 Oh. Forgive me.</p> <p>17 Are you talking about the Cuyahoga</p> <p>18 County Board of Health overall annual report?</p> <p>19 Q. Yeah. That -- that is what I was</p> <p>20 referring to.</p> <p>21 A. Okay. I apologize.</p> <p>22 Q. It's okay.</p> <p>23 A. I misunderstood the question.</p> <p>24 I was the lead author for the</p> <p>25 Cuyahoga County Opiate Task Force annual</p>

<p style="text-align: right;">Page 114</p> <p>1 reports. I was not the lead author for the</p> <p>2 agencywide annual report.</p> <p>3 I apologize for misunderstanding the</p> <p>4 question.</p> <p>5 Q. No. That's okay. Thank you for</p> <p>6 clarifying.</p> <p>7 A. Uh-huh.</p> <p>8 Q. So with respect to the Cuyahoga</p> <p>9 County Board of Health annual report, did you</p> <p>10 participate in any way in the preparation of</p> <p>11 that report?</p> <p>12 A. Over the years I would be asked to</p> <p>13 contribute a -- an article that was related to</p> <p>14 opioid abuse potentially. So I don't know how</p> <p>15 many years that occurred. But often it would</p> <p>16 be a section within that annual report.</p> <p>17 Q. Did the Cuyahoga County Board of</p> <p>18 Health prepare an annual report for each of the</p> <p>19 years that you were employed there?</p> <p>20 A. To my knowledge, yes.</p> <p>21 (Deposition Exhibit 3 was marked for</p> <p>22 identification.)</p> <p>23 BY MR. BOEHM:</p> <p>24 Q. I'm handing you a document that</p> <p>25 we've marked as Exhibit 3 for the deposition.</p>	<p style="text-align: right;">Page 116</p> <p>1 Q. And then it refers to a new</p> <p>2 education and awareness campaign recently</p> <p>3 launched by the Ohio Department of Health to</p> <p>4 address the trend, right?</p> <p>5 A. Right.</p> <p>6 Q. And it says: "This campaign,</p> <p>7 Prescription For Prevention, Stop the Epidemic,</p> <p>8 includes the development of public service</p> <p>9 announcements, fact sheets and brochures."</p> <p>10 And it goes on, right?</p> <p>11 A. Correct.</p> <p>12 Q. Is this a -- is this section a</p> <p>13 reference to the opioid abuse epidemic?</p> <p>14 A. Yes. This is a reference to the</p> <p>15 opioid abuse epidemic.</p> <p>16 Q. Okay. And then, if you skip down a</p> <p>17 sentence or two, there are some bullet points.</p> <p>18 See that?</p> <p>19 A. Yes.</p> <p>20 Q. The first bullet point says that, in</p> <p>21 2007, unintentional drug poisonings became the</p> <p>22 leading cause of injury death in Ohio,</p> <p>23 surpassing motor vehicle crashes and suicides.</p> <p>24 See that?</p> <p>25 A. Yes, I do.</p>
<p style="text-align: right;">Page 115</p> <p>1 And is it the 2010 annual report from Cuyahoga</p> <p>2 County Board of Health.</p> <p>3 Is this a document that you would</p> <p>4 have seen before?</p> <p>5 A. Yes.</p> <p>6 Q. The pages are numbered. And I'm</p> <p>7 going to direct your attention to a section</p> <p>8 that has to do with transcription drug abuse.</p> <p>9 It's on Page 9.</p> <p>10 Would you just tell me when you're</p> <p>11 there.</p> <p>12 A. Page 9. I'm here.</p> <p>13 Q. You see the title of this section is</p> <p>14 "Unintentional Prescription Drug Poisonings and</p> <p>15 Unused Medications."</p> <p>16 Did I --</p> <p>17 A. Yes.</p> <p>18 Q. Did I read that correctly?</p> <p>19 A. Yes.</p> <p>20 Q. It reads: "According to the Ohio</p> <p>21 Department of Health, recent statistics show an</p> <p>22 alarming trend in Ohio, an increase in</p> <p>23 prescription drug abuse and overdose."</p> <p>24 You see that?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 117</p> <p>1 Q. Okay. Were you aware of that at the</p> <p>2 time in 2007?</p> <p>3 MS SACKS: Objection.</p> <p>4 THE WITNESS: That statistic was</p> <p>5 presented to me not in 2007 but at the time</p> <p>6 that this article was produced.</p> <p>7 BY MR. BOEHM:</p> <p>8 Q. What article are you referring to?</p> <p>9 A. Or this -- this --</p> <p>10 Q. This report?</p> <p>11 A. -- section of the annual report.</p> <p>12 Q. Okay. So did you know about the</p> <p>13 fact that in 2007 the intentional drug</p> <p>14 poisonings became the leading -- leading cause</p> <p>15 of injury death before the 2010 annual report</p> <p>16 was published by CCBH?</p> <p>17 A. I don't recall specifically when</p> <p>18 that data was presented to me that the</p> <p>19 statistic was what it was in 2007. But yes, at</p> <p>20 the time that this was produced, I was aware of</p> <p>21 that.</p> <p>22 Q. If you skip down to the next full</p> <p>23 paragraph, it says: "Cuyahoga County is one of</p> <p>24 the top five counties in Ohio for reported</p> <p>25 prescription drug overdoses."</p>

<p style="text-align: right;">Page 118</p> <p>1 You see that?</p> <p>2 A. Yes.</p> <p>3 Q. When -- do you know what that means?</p> <p>4 Is that in terms of total number, or</p> <p>5 is that per capita?</p> <p>6 What is the measure that's being</p> <p>7 used to reach that conclusion?</p> <p>8 A. At that time -- and this was with</p> <p>9 that partnership with FleishmanHillard, and ODH</p> <p>10 contracted with their firm to do this campaign.</p> <p>11 They identified Cuyahoga County as having -- as</p> <p>12 being one of the top five counties in the state</p> <p>13 for having the heaviest burden of accidental</p> <p>14 drug overdoses at that time.</p> <p>15 Q. Fair to say that, in or before 2010,</p> <p>16 you were aware that Cuyahoga County was</p> <p>17 experiencing an opioid abuse epidemic?</p> <p>18 A. Yes.</p> <p>19 Q. Does the Cuyahoga County -- well,</p> <p>20 let met strike that.</p> <p>21 Did you always read the Cuyahoga</p> <p>22 County Board of Health annual reports?</p> <p>23 MS SACKS: Objection.</p> <p>24 THE WITNESS: Cover to cover? I</p> <p>25 don't recall reading them in their entirety</p>	<p style="text-align: right;">Page 120</p> <p>1 A. Only when requested to provide</p> <p>2 information for a drug-related article.</p> <p>3 Q. Okay. So if there was a section of</p> <p>4 an annual report from the CCBH having to do</p> <p>5 with the opioid abuse epidemic in the county,</p> <p>6 is that something that you likely would have</p> <p>7 participated in?</p> <p>8 A. Yes, likely.</p> <p>9 Q. If you turn to the next page of the</p> <p>10 2012 annual report, you see at the very top</p> <p>11 there's a photograph of the members of the</p> <p>12 board; there's a reference to core values; and</p> <p>13 then a statement of the mission.</p> <p>14 Do you see that?</p> <p>15 A. Yes.</p> <p>16 Q. It says the mission is to "Prevent</p> <p>17 disease and injury, promote positive health</p> <p>18 outcomes, and provide critical services to</p> <p>19 improve the health of the community."</p> <p>20 You see that?</p> <p>21 A. Yes.</p> <p>22 Q. Is that the mission of the CCBH that</p> <p>23 has always been in place during the time that</p> <p>24 you were employed there?</p> <p>25 A. I do not believe so. I believe that</p>
<p style="text-align: right;">Page 119</p> <p>1 always.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. Okay. Would you typically at least</p> <p>4 take a look?</p> <p>5 A. Yes.</p> <p>6 MS SACKS: Objection.</p> <p>7 (Deposition Exhibit 4 was marked for</p> <p>8 identification.)</p> <p>9 BY MR. BOEHM:</p> <p>10 Q. Ms. Leppla, I'm handing you a</p> <p>11 document that I've now marked as Exhibit 4 for</p> <p>12 purposes of your deposition. This is the 2012</p> <p>13 annual report from the Cuyahoga County Board of</p> <p>14 Health.</p> <p>15 Do you see that?</p> <p>16 A. I do.</p> <p>17 Q. Would you have helped to prepare any</p> <p>18 portion of this annual report?</p> <p>19 A. I cannot say specifically without</p> <p>20 seeing the contents --</p> <p>21 Q. Okay.</p> <p>22 A. -- of the report.</p> <p>23 Q. Would it have been typical for you</p> <p>24 to have participated in the preparation of the</p> <p>25 CCBH annual report?</p>	<p style="text-align: right;">Page 121</p> <p>1 the -- the overall message of the mission</p> <p>2 remained consistent throughout my time there.</p> <p>3 I believe that the language changed at one</p> <p>4 point during my time of employment --</p> <p>5 Q. Do you --</p> <p>6 A. -- there.</p> <p>7 Q. I'm sorry.</p> <p>8 Do you recall in what way it</p> <p>9 changed?</p> <p>10 A. The language. Just the -- the</p> <p>11 changing up of -- of the language.</p> <p>12 Q. Okay.</p> <p>13 A. The -- the overall mission and --</p> <p>14 and intent of our programming remained</p> <p>15 consistent. I think they updated to give a</p> <p>16 fresh mission.</p> <p>17 Q. Okay. Your understanding is the</p> <p>18 mission itself didn't change, but maybe the way</p> <p>19 it was described was tweaked in some way, is</p> <p>20 the --</p> <p>21 A. Correct.</p> <p>22 Q. Is it your understanding that the</p> <p>23 mission of CCBH encompassed understanding and</p> <p>24 responding to the opioid abuse epidemic within</p> <p>25 the county?</p>

<p style="text-align: right;">Page 122</p> <p>1 A. I'm sorry. Can you repeat the</p> <p>2 question.</p> <p>3 Q. Sure.</p> <p>4 Is it your understanding that the</p> <p>5 mission of CCBH encompassed responding to and</p> <p>6 understanding the opioid abuse epidemic within</p> <p>7 Cuyahoga County?</p> <p>8 A. Yes.</p> <p>9 Q. And earlier today you mentioned that</p> <p>10 you considered CCBH to be the leading health</p> <p>11 agency in the county that was charged with</p> <p>12 addressing the opioid abuse epidemic; is that</p> <p>13 right?</p> <p>14 A. We were the -- the county public</p> <p>15 health agency. There's also the City of</p> <p>16 Cleveland Public Health Department that also</p> <p>17 provides services for the City of Cleveland.</p> <p>18 So Cuyahoga County Board of Health</p> <p>19 provided services to municipalities with the</p> <p>20 exception of the City of Cleveland; and at my</p> <p>21 -- during my tenure there, Shaker Heights; and</p> <p>22 during a portion of my time, Lake -- the City</p> <p>23 of Lakewood.</p> <p>24 Q. Okay. So if we carve out Cleveland,</p> <p>25 Shaker Heights and Lakewood?</p>	<p style="text-align: right;">Page 124</p> <p>1 A. I'm not sure I'm understanding your</p> <p>2 question.</p> <p>3 Q. Does Cuyahoga County itself have a</p> <p>4 public health agency separate and part from the</p> <p>5 Cuyahoga County Board of Health that is charged</p> <p>6 with understanding and addressing the opioid</p> <p>7 abuse epidemic within the county?</p> <p>8 A. There are other agencies within</p> <p>9 Cuyahoga County that are charged with</p> <p>10 addressing the opioid epidemic, yes.</p> <p>11 Q. Which agencies are those?</p> <p>12 A. One that comes to mind is the ADAMHS</p> <p>13 Board of Cuyahoga County.</p> <p>14 Q. For how long has the Cuyahoga County</p> <p>15 ADAMHS Board had the responsibility of</p> <p>16 understanding and responding to the opioid</p> <p>17 abuse epidemic within Cuyahoga County?</p> <p>18 A. I do not know.</p> <p>19 Q. Did they have that responsibility</p> <p>20 during the years that you were at CCBH?</p> <p>21 A. I do not know when they began their</p> <p>22 opioid-related programming.</p> <p>23 Q. You indicated that, as of the last</p> <p>24 year or so, the Cuyahoga County Opiate Task</p> <p>25 Force is now kind of a joint partnership</p>
<p style="text-align: right;">Page 123</p> <p>1 A. We -- we absorbed the City of</p> <p>2 Lakewood health department in 2008.</p> <p>3 Q. Okay. How about Shaker Heights?</p> <p>4 A. That was after my departure.</p> <p>5 Q. Okay. Is Shaker Heights now been --</p> <p>6 let me start over.</p> <p>7 Has public health responsibility for</p> <p>8 Shaker Heights now been subsumed within the</p> <p>9 CCBH?</p> <p>10 A. I believe so.</p> <p>11 Q. Did that happen after you left CCBH?</p> <p>12 A. Correct.</p> <p>13 Q. Okay.</p> <p>14 A. We were providing some services for</p> <p>15 those municipalities but not -- not entirely.</p> <p>16 Q. And then you indicated that the</p> <p>17 Cleveland Department of Public Health was in</p> <p>18 some way independent from CCBH.</p> <p>19 A. They are an independent public</p> <p>20 health agency.</p> <p>21 Q. Does Cuyahoga County itself have an</p> <p>22 independent health agency separate and apart</p> <p>23 from the Cuyahoga County Board of Health</p> <p>24 charged with understanding and addressing the</p> <p>25 opioid abuse epidemic in the county?</p>	<p style="text-align: right;">Page 125</p> <p>1 between CCBH and the ADAMHS Board.</p> <p>2 Did understand that correctly?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. Setting that aside, in what</p> <p>5 ways has the ADAMHS Board had responsibility</p> <p>6 for understanding the scope and addressing of</p> <p>7 the implications of the opioid abuse epidemic</p> <p>8 within Cuyahoga County?</p> <p>9 A. Not being an employee of the ADAMHS</p> <p>10 Board, and being intimately embedded in their</p> <p>11 programming, I cannot say with specifics.</p> <p>12 But I do know that the ADAMHS Board</p> <p>13 has created education and awareness campaigns.</p> <p>14 I know that they've provided funding to create</p> <p>15 and enhance existing programs or to implement</p> <p>16 novel programs. They -- they do community</p> <p>17 awareness events, public presentations.</p> <p>18 And I'm sure that's not an</p> <p>19 exhaustive list. That's what's coming to mind</p> <p>20 in this moment.</p> <p>21 Q. For how long has the ADAMHS Board</p> <p>22 been involved in responding to the opioid abuse</p> <p>23 epidemic in Cuyahoga County?</p> <p>24 A. I do not know.</p> <p>25 Q. Had the ADAMHS Board undertaken</p>

<p style="text-align: right;">Page 126</p> <p>1 activities related to addressing the opioid 2 epidemic in Cuyahoga County during the time 3 that you were at the Cuyahoga County Board of 4 Health? 5 A. Yes, they did. 6 Q. Okay. What were the nature of those 7 activities? 8 A. The nature of those activities were 9 educational campaigns; public awareness 10 campaigns that included radio -- radio spots, 11 billboards. They, again, have partnered with 12 other agencies, provided funding to enhance 13 their programs. 14 Q. Do you know the source of the 15 funding that ADAMHS Board provided to other 16 programs? 17 A. I -- I don't know specifically the 18 source. I know those are -- they're county 19 dollars that have been spent to enhance 20 programs. 21 Q. When you say you know they're county 22 dollars, let's spend some time on that. 23 What is the basis for your statement 24 that you know those are county dollars? 25 A. Well, the ADAMHS Board being a</p>	<p style="text-align: right;">Page 128</p> <p>1 Q. So you don't know, sitting here 2 today, from which sources the ADAMHS Board has 3 made expenditures or provided funding related 4 to addressing the opioid epidemic. 5 Fair? 6 A. Fair. 7 Q. Are there any other agencies within 8 Cuyahoga County that, to your understanding, 9 has had responsibility for understanding the 10 scope of or addressing the implications of the 11 opioid abuse epidemic within Cuyahoga County? 12 A. There are many agencies and 13 organizations within Cuyahoga County that have 14 played a role in addressing this epidemic. 15 Q. Are there other Cuyahoga County 16 government agencies that, to your 17 understanding, have had responsibility for 18 addressing the opioid epidemic? 19 A. Yes. 20 Q. You mentioned the ADAMHS Board. 21 A. Uh-huh. 22 Q. Are there any others? 23 A. The jail. 24 Q. Okay. Did you mean the department 25 of corrections?</p>
<p style="text-align: right;">Page 127</p> <p>1 county-run agency and being -- funneling those 2 funds and being fiscally responsible to handle 3 those funds and dispense them, those are funds 4 that a county agency receives that they then 5 dispense to organizations to utilize for their 6 programs. 7 Q. Are you aware of the sources of 8 revenue that the ADAMHS Board has available to 9 it? 10 A. No. 11 Q. Okay. So when you say they're 12 county dollars, you don't mean to say that you 13 have any understanding about the various 14 sources of revenue that the ADAMHS Board 15 actually has available it to. 16 Fair? 17 A. That's fair. 18 Q. Okay. Do you know whether or not 19 the ADAMHS Board receives money from the 20 federal government? 21 A. I do not know. 22 Q. Do you know whether or not the 23 ADAMHS Board receives money from the state 24 government? 25 A. Not definitively.</p>	<p style="text-align: right;">Page 129</p> <p>1 Not sure? 2 A. Not sure. 3 Q. Okay. And when you talk about the 4 jail, what do you mean? 5 A. Again, I -- I don't know the 6 specifics to their programming. I do know that 7 they have recently expanded their scope of work 8 to be able to provide proper care for the 9 inmates in their facilities that are addicted 10 to opiates. 11 Q. Okay. Any other agencies? 12 A. Are you asking for agencies that are 13 specifically operated by Cuyahoga County? 14 Q. Yes. 15 A. Our -- our drug court programs. Our 16 Naloxone education and distribution program, 17 Project DAWN, that is operated out of 18 MetroHealth. They've done an amazing job of 19 getting Naloxone into the hands of community 20 members and professionals. 21 Those are what are coming to mind in 22 this moment. 23 Q. Okay. To the extent the jail, the 24 drug court, or Project DAWN have made 25 expenditures related to the opioid epidemic in</p>

<p style="text-align: right;">Page 130</p> <p>1 Cuyahoga County, do you know the source of the</p> <p>2 revenue that was used for those expenditures?</p> <p>3 A. I do not.</p> <p>4 Q. Okay. If you take the 2012 annual</p> <p>5 report, which is Exhibit 4 --</p> <p>6 A. Uh-huh.</p> <p>7 Q. -- to your deposition, and turn to</p> <p>8 Page 19, it's a little confusing, actually,</p> <p>9 because this annual report has one number in</p> <p>10 the upper left-hand corner and one number in</p> <p>11 the lower right-hand corner.</p> <p>12 A. I see that.</p> <p>13 Q. I don't know if that's just how it</p> <p>14 prints out or -- or -- or -- or why it comes</p> <p>15 out that way. But we'll call this pages 18 and</p> <p>16 19 even though it's a single page.</p> <p>17 Is that okay?</p> <p>18 A. That is fine.</p> <p>19 MS SACKS: I see this doesn't have</p> <p>20 any Bates numbers.</p> <p>21 Do you know where you got it from?</p> <p>22 Maybe it's not a final or --</p> <p>23 MR. BOEHM: I -- I don't. But I</p> <p>24 imagine this is also just available on the web</p> <p>25 site. Let's ask Ms. Leppla.</p>	<p style="text-align: right;">Page 132</p> <p>1 that we're reviewing?</p> <p>2 Q. I guess we can start there. Sure.</p> <p>3 A. The opiate abuse epidemic would have</p> <p>4 been referred to as an epidemic because it</p> <p>5 was -- that term was used and backed by data</p> <p>6 that our office received. And we knew that we</p> <p>7 had an unexpected and an increased number of</p> <p>8 accidental fatalities within a given population</p> <p>9 over a particular period of time.</p> <p>10 Q. What data are you referring to?</p> <p>11 A. I am referring to when we started to</p> <p>12 be made aware of the increase in fatalities</p> <p>13 from the data sources from the Ohio Department</p> <p>14 of Health and Cuyahoga County Medical</p> <p>15 Examiner's Office.</p> <p>16 Q. So when the Cuyahoga County Board of</p> <p>17 Health refers to the term "epidemic," are they</p> <p>18 referring specifically to the number of</p> <p>19 accidental drug overdose fatalities?</p> <p>20 MS SACKS: Objection.</p> <p>21 THE WITNESS: In public health</p> <p>22 speak, an epidemic is typically when you have</p> <p>23 an increased presence of disease or injury, an</p> <p>24 unexpected increase, over a particular period</p> <p>25 of time within a given population.</p>
<p style="text-align: right;">Page 131</p> <p>1 BY MR. BOEHM:</p> <p>2 Q. Ms. Leppla, are the CCBH annual</p> <p>3 reports available on the CCBH web site?</p> <p>4 A. I don't know at present day if it's</p> <p>5 available on the web site. It is -- it is</p> <p>6 habit of the Board of Health to post the annual</p> <p>7 reports --</p> <p>8 Q. Okay.</p> <p>9 A. -- on the web.</p> <p>10 Q. On this page, it says at the very</p> <p>11 top, in all caps and bolded font, "Opiate Abuse</p> <p>12 Epidemic."</p> <p>13 Do you see that?</p> <p>14 A. Yes.</p> <p>15 Q. Why did the Cuyahoga County Board of</p> <p>16 Health refer to this public health issue as an</p> <p>17 opiate abuse epidemic?</p> <p>18 A. Can you clarify the question.</p> <p>19 Q. I'm not sure I can, but I can say it</p> <p>20 back to you again.</p> <p>21 My question is why did the Cuyahoga</p> <p>22 County Board of Health refer to this public</p> <p>23 health issue as an opiate abuse epidemic?</p> <p>24 A. Can we -- are -- are you talking</p> <p>25 specifically in terms of -- of this document</p>	<p style="text-align: right;">Page 133</p> <p>1 BY MR. BOEHM:</p> <p>2 Q. Okay. And you determine that</p> <p>3 Cuyahoga County was experiencing such an</p> <p>4 epidemic?</p> <p>5 MS SACKS: Objection.</p> <p>6 THE WITNESS: We had data to back</p> <p>7 that there had been a significant increase in</p> <p>8 the number of accidental fatalities.</p> <p>9 BY MR. BOEHM:</p> <p>10 Q. Do you know which criteria or</p> <p>11 definitions are employed in the public health</p> <p>12 space to determine when a public health issue</p> <p>13 qualifies as an epidemic?</p> <p>14 A. I'm sorry. Can you repeat the</p> <p>15 question.</p> <p>16 MR. BOEHM: Maybe I can ask the</p> <p>17 court reporter to read that back, if it's okay.</p> <p>18 THE WITNESS: I'm fine with that.</p> <p>19 (The record was read as requested.)</p> <p>20 THE WITNESS: So in public health</p> <p>21 space, the CDC defines an epidemic as an</p> <p>22 increased presence of disease or injury within</p> <p>23 a particular population over a period of time.</p> <p>24 BY MR. BOEHM:</p> <p>25 Q. Does there need to be a certain</p>

<p style="text-align: right;">Page 134</p> <p>1 amount of increase, or is any increase 2 sufficient to qualify as an epidemic? 3 A. I do not know. 4 Q. Who was it, on behalf of the 5 Cuyahoga County Board of Health, that 6 determined that there was an opioid abuse 7 epidemic taking place in the county? 8 A. That wasn't a sole determination by 9 a singular employee at the Cuyahoga County 10 Board of Health. 11 Q. Was it a group discussion? 12 A. It was a group discussion. 13 Q. Were you involved in those 14 discussions? 15 A. I'm sure I was over the years. 16 Q. When did you first start having 17 conversations with people at the Cuyahoga 18 County Board of Health about the fact that you 19 believed that the data supported the reality of 20 an opioid abuse epidemic in Cuyahoga County? 21 A. I recall specifically having those 22 conversations in conjunction with the inception 23 of the Cuyahoga County Opiate Task Force and, 24 just prior to that, being made aware of that 25 data, which is what contributed to the</p>	<p style="text-align: right;">Page 136</p> <p>1 several efforts in which the Cuyahoga County 2 Board of Health has engaged to address opiate 3 abuse in the county. 4 Do you see that? 5 It's -- it's -- I'm actually 6 specifically looking about two-thirds of the 7 way down page where there are some bullet 8 points. 9 A. Yes. I do see those bullet points. 10 Q. It says "Examples of our involvement 11 include," and then it goes on to list several 12 initiatives and programs that the Cuyahoga 13 County Board of Health has undertaken to 14 address opioid abuse in the county. 15 Fair? 16 A. Do you mind if I take a moment to 17 read the document? 18 Q. Not at all. Please. 19 A. Okay. Thank you. 20 Q. Is that fair? 21 A. Yes. 22 Q. There's a reference in the fourth 23 bullet point down to an Opiate Epidemic Across 24 the Life-Span Regional Conference in 2012. 25 A. Correct.</p>
<p style="text-align: right;">Page 135</p> <p>1 formation of the Opiate Task Force. 2 Q. If I showed you materials today that 3 made reference to this significant increase in 4 opioid-related drug overdose fatalities several 5 years before the formation of the Cuyahoga 6 County Opiate Task Force, would that be 7 surprising to you? 8 MS SACKS: Objection. 9 THE WITNESS: No. I don't think it 10 would be surprising. And efforts were underway 11 prior to the formal inception of the opiate 12 task force. 13 If I recall correctly, you asked me 14 when I remember being specifically made aware. 15 We formed the Cuyahoga County Opiate Task Force 16 in 2010. We did begin working on efforts and 17 initiatives prior to that. I don't recall 18 specifically, but there was a reason that we 19 did that. There had to be data to support 20 those efforts. 21 So I would not be surprised if you 22 had documents that indicated that we were made 23 aware of the data prior to 2010. 24 BY MR. BOEHM: 25 Q. This document goes on to list</p>	<p style="text-align: right;">Page 137</p> <p>1 Q. Did you have a role in putting 2 that's conference together? 3 A. I did. 4 Q. What was the purpose of that 5 conference? 6 A. The purpose of that conference was 7 to bring together stakeholders and community 8 members to educate, increase awareness and 9 provide -- provide resources in the community 10 Q. What region is being referred to 11 when it -- when this bullet point talks about a 12 regional conference? 13 A. We advertised the event online in a 14 online format. The members of the Cuyahoga 15 County Opiate Task Force weren't necessarily 16 specifically confined to Cuyahoga County. 17 But when it says "regional 18 conference," it's my understanding that that 19 would refer to the northeast geographic region 20 of the state. But it certainly wasn't 21 exclusive to that region. 22 Q. Was the Cuyahoga County Board of 23 Health responsible for putting that conference 24 together? 25 A. It was a joint efforts.</p>

<p style="text-align: right;">Page 138</p> <p>1 Q. Who were the other organizers, if 2 any?</p> <p>3 A. There were -- we -- the Cuyahoga 4 County Board of Health took the lead. But 5 there were other organizations that were 6 members of the Opiate Task Force that did 7 assist in the planning and creation of the 8 event.</p> <p>9 Q. Do you remember who those partners 10 were?</p> <p>11 A. I remember a few of them.</p> <p>12 Q. Who are they?</p> <p>13 A. We had -- the Community Awareness 14 and Prevention Association was represented. 15 The Westshore Enforcement Bureau was 16 represented. Dr. Christina Dallas-Reyes was 17 represented. Recovery Resources.</p> <p>18 Those are the ones that first come 19 to mind.</p> <p>20 (Deposition Exhibit 5 was marked for 21 identification.)</p> <p>22 BY MR. BOEHM:</p> <p>23 Q. The next document we've marked as an 24 exhibit for your deposition is some kind of 25 brochure or summary that was authored by</p>	<p style="text-align: right;">Page 140</p> <p>1 our role to work with stakeholders and work 2 with community-based organizations who are all 3 dedicated to seeing a reduction in these 4 fatalities, to bring them to the table, to 5 participate not only with the Cuyahoga County 6 Opiate Task Force but other initiatives that 7 were occurring throughout the county.</p> <p>8 Q. If you turn to the second page of 9 the document, there's a section entitled 10 "Future Directions."</p> <p>11 Do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. And you and Mr. Caraffi wrote in the 14 second paragraph there that: "The task force 15 is eager to encourage local hospitals implement 16 physician education" -- I think you meant "to 17 implement physician education."</p> <p>18 Is that fair?</p> <p>19 A. That's fair.</p> <p>20 Q. -- "adopt proper prescribing 21 guidelines, and the mandated use of the Ohio 22 Automated Prescription Reporting System."</p> <p>23 Did I read that correctly?</p> <p>24 A. You did.</p> <p>25 Q. Can you describe for us why the task</p>
<p style="text-align: right;">Page 139</p> <p>1 yourself and Mr. Caraffi entitled "Cuyahoga 2 County Aims to Reduce Overdose Fatalities."</p> <p>3 You see that?</p> <p>4 A. Yes.</p> <p>5 Q. Does this document look familiar to 6 you?</p> <p>7 A. Yes.</p> <p>8 Q. Do you remember when it was 9 prepared?</p> <p>10 A. I do not.</p> <p>11 Q. In the second paragraph in the 12 "Background" section, you and Mr. Caraffi write 13 that: "Under the leadership of the Cuyahoga 14 County Board of Health, the Cuyahoga County 15 Opiate Task Force has played a significant role 16 in bringing partners together to combat this 17 public health epidemic."</p> <p>18 You see that?</p> <p>19 A. I do.</p> <p>20 Q. When you say that the Cuyahoga 21 County Board of Health has played a significant 22 role in bringing partners together to address 23 the epidemic in the county, what do you mean by 24 that?</p> <p>25 A. As the public health agency, it was</p>	<p style="text-align: right;">Page 141</p> <p>1 force was eager to encourage physician 2 education, proper prescribing guidelines, and 3 the mandated use of the OARRS system?</p> <p>4 A. I don't know when specifically this 5 document was authored and whether or not it is 6 a final draft.</p> <p>7 But as part of our grant 8 requirements, as well as with the information 9 that have been shared among the task force 10 members, we felt that those particular tasks 11 and activities would lend themselves to being 12 the types of changes that would make a positive 13 impact in seeing a reduction --</p> <p>14 Q. How --</p> <p>15 A. -- of fatalities.</p> <p>16 Q. I'm sorry.</p> <p>17 A. It's okay.</p> <p>18 Q. Didn't mean to cut you off.</p> <p>19 A. It's okay.</p> <p>20 MR. BOEHM: Did you get that?</p> <p>21 THE REPORTER: Yes.</p> <p>22 BY MR. BOEHM:</p> <p>23 Q. How has the CCBH or the Cuyahoga 24 County Opiate Task Force encouraged proper 25 prescribing guidelines for the use of</p>

<p style="text-align: right;">Page 142</p> <p>1 prescription opioids?</p> <p>2 A. We partnered closely with -- with</p> <p>3 MetroHealth and throughout their duration of</p> <p>4 making their policy and systems changes to</p> <p>5 incorporate and adopt their prescribing</p> <p>6 guidelines and increase their use of OARRS that</p> <p>7 had been occurring prior to our involvement</p> <p>8 with them.</p> <p>9 But part of our role was to, you</p> <p>10 know, attempt to spread the message to increase</p> <p>11 the usage of OARRS.</p> <p>12 Q. With respect to proper prescribing</p> <p>13 guidelines, in the view of CCBH and the</p> <p>14 Cuyahoga County Opiate Task Force, in what way</p> <p>15 were prior prescribing guidelines not proper?</p> <p>16 A. I -- as -- I'm not a medical</p> <p>17 professional. I couldn't answer that question.</p> <p>18 Q. Well, you and Mr. Caraffi wrote this</p> <p>19 document, right?</p> <p>20 A. Yes.</p> <p>21 Q. You wrote that the task force was</p> <p>22 eager to adopt proper prescribing guidelines,</p> <p>23 right?</p> <p>24 A. Correct.</p> <p>25 Q. And the -- I think a fair</p>	<p style="text-align: right;">Page 144</p> <p>1 Q. What evidence have you seen of that?</p> <p>2 A. We had data to support that claim</p> <p>3 from the CDC and the Ohio Department of Health.</p> <p>4 Q. What were -- what was the -- the</p> <p>5 gist or the gravamen of -- of those data?</p> <p>6 A. The -- the gist would have been</p> <p>7 the -- the quantities of medications that were</p> <p>8 being prescribed. It was in that nature of</p> <p>9 what I'm referring to.</p> <p>10 Q. Okay. And -- and you also I think</p> <p>11 indicated that these had been more recent</p> <p>12 amendments to prescribing guidelines from the</p> <p>13 CDC and the medical board, correct?</p> <p>14 A. I'm sorry. I don't think I'm</p> <p>15 understanding.</p> <p>16 Q. Well, you said that they -- they --</p> <p>17 that prescribing guidelines have put into</p> <p>18 effect by the CDC and by the Ohio Medical</p> <p>19 Board --</p> <p>20 A. Uh-huh.</p> <p>21 Q. -- and that the prescribing patterns</p> <p>22 that you have seen don't seem to match those</p> <p>23 prescribing guidelines, right?</p> <p>24 A. Right.</p> <p>25 Q. What -- what guidelines from the CDC</p>
<p style="text-align: right;">Page 143</p> <p>1 implication of that is that you believed that</p> <p>2 prescribing guidelines had not been proper.</p> <p>3 Is that fair?</p> <p>4 A. That is fair.</p> <p>5 Q. Okay. In what way do you believe</p> <p>6 that the prior prescribing guidelines had not</p> <p>7 been proper?</p> <p>8 A. I believe that the prescribing</p> <p>9 patterns have not -- were not aligned with the</p> <p>10 prescribing guidelines that were released from</p> <p>11 the State of Ohio or from the CDC.</p> <p>12 Guidelines prior to the inceptions</p> <p>13 of these, I -- I could not answer that</p> <p>14 question.</p> <p>15 Q. Okay. So I think we are talking</p> <p>16 about two different concepts maybe. Let me see</p> <p>17 if we can tease this out just a little bit.</p> <p>18 I think you said that you've seen</p> <p>19 evidence that prescribing patterns by licensed</p> <p>20 physicians who prescribe prescription opioids</p> <p>21 to their patients have not always matched up</p> <p>22 with the guidelines put into effect by the CDC</p> <p>23 and the Ohio Medical Board.</p> <p>24 Is that right?</p> <p>25 A. That is correct.</p>	<p style="text-align: right;">Page 145</p> <p>1 and the Ohio Medical Board are you referring</p> <p>2 to?</p> <p>3 A. I'm referring to the proper</p> <p>4 prescribing guidelines from the CDC and the</p> <p>5 State of Ohio. Those are the only ones that</p> <p>6 I'm referring to.</p> <p>7 Q. When were those put into effect?</p> <p>8 A. There have, from the State of Ohio,</p> <p>9 been a few iterations of those guidelines.</p> <p>10 Q. How have the prescribing guidelines</p> <p>11 changed over time?</p> <p>12 A. They have changed in terms -- one</p> <p>13 example would be the length of dosage of a --</p> <p>14 particular medications. MME equivalents have</p> <p>15 changed over time.</p> <p>16 Those two examples I can think of at</p> <p>17 the moment.</p> <p>18 Q. So when you talk about the</p> <p>19 guidelines that are -- you've seen evidence</p> <p>20 that leads you to believe are not always being</p> <p>21 followed, are you talking about the guidelines</p> <p>22 for prescribing opioid medications that are</p> <p>23 currently in place from the CDC and the Ohio</p> <p>24 Medical Board, or are you talking about past</p> <p>25 iterations of prescribing guidelines from those</p>

<p style="text-align: right;">Page 146</p> <p>1 entities?</p> <p>2 A. I don't know if there have been</p> <p>3 different versions released since we were</p> <p>4 talking about this. I believe that we were</p> <p>5 referring to prescribing patterns.</p> <p>6 Q. Well, let's just look at the --</p> <p>7 A. That's how --</p> <p>8 Q. -- language here. Because you say</p> <p>9 you think you need to encourage the adoption of</p> <p>10 proper prescribing guidelines, which implies</p> <p>11 pretty clearly that there was something</p> <p>12 improper about guidelines already in place.</p> <p>13 Fair?</p> <p>14 A. The -- the intent of encouraging the</p> <p>15 adoption of proper prescribing guidelines was</p> <p>16 for hospitals to adopt and implement the</p> <p>17 current prescribing guidelines.</p> <p>18 Q. You believe that certain hospitals</p> <p>19 had failed to adopt guidelines that had been</p> <p>20 set forth by the Ohio Medical Board and the</p> <p>21 CDC?</p> <p>22 MS SACKS: Objection.</p> <p>23 THE WITNESS: Information had been</p> <p>24 presented to us by task force members that</p> <p>25 indicated that hospitals could do a better job</p>	<p style="text-align: right;">Page 148</p> <p>1 the volume of prescriptions that licensed</p> <p>2 physician were providing to their patients?</p> <p>3 A. Yes. That was our understanding --</p> <p>4 Q. How so?</p> <p>5 A. -- at the time.</p> <p>6 In terms of -- in terms of quantity</p> <p>7 of medications prescribed. In terms of</p> <p>8 utilizing the OARRS system more regularly. And</p> <p>9 also in terms of accountability within their</p> <p>10 systems.</p> <p>11 Q. How does one, in your view, go about</p> <p>12 determining whether or not a individual</p> <p>13 prescribing decision by a licensed physician to</p> <p>14 an individual patient is proper or improper?</p> <p>15 A. That was not our determination to</p> <p>16 make. The information that was shared with us</p> <p>17 from members of the Cuyahoga County Opiate Task</p> <p>18 Force as well as the community agencies that we</p> <p>19 partnered with on our initiatives provided that</p> <p>20 information.</p> <p>21 Q. What information?</p> <p>22 A. The information that there could be</p> <p>23 enhanced use or adoption of the guidelines.</p> <p>24 Q. Okay. Was there ever a time when,</p> <p>25 in your view, prescribing guidelines</p>
<p style="text-align: right;">Page 147</p> <p>1 of implementing these prescribing guidelines.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. Okay. Is it your understanding that</p> <p>4 certain hospitals had failed to adopt the</p> <p>5 guidelines for prescribing prescription opioids</p> <p>6 that had been set forth by the Ohio Medical</p> <p>7 Board and the CDC?</p> <p>8 A. I don't believe that they had failed</p> <p>9 to adopt what was required of them.</p> <p>10 The information that had been</p> <p>11 presented to us is that there was room for</p> <p>12 improvement and to adoplement [sic] -- or adopt</p> <p>13 and implement these guidelines on a systemwide</p> <p>14 basis.</p> <p>15 Q. What -- when -- when you and</p> <p>16 Mr. Caraffi wrote that you wanted to adopt</p> <p>17 proper prescribing guidelines, what specific</p> <p>18 guidelines did you have in mind that you</p> <p>19 thought ought to be adopted?</p> <p>20 A. At that time, it's my understanding</p> <p>21 that we were talking about the most recent</p> <p>22 iteration of Ohio prescribing guidelines.</p> <p>23 Q. Okay. Did you believe that adoption</p> <p>24 of the most recent Ohio Medical Board</p> <p>25 prescribing guidelines would have an impact on</p>	<p style="text-align: right;">Page 149</p> <p>1 contributed to the opioid abuse epidemic in</p> <p>2 Cuyahoga County?</p> <p>3 MS SACKS: Objection.</p> <p>4 THE WITNESS: I couldn't say</p> <p>5 definitively.</p> <p>6 BY MR. BOEHM:</p> <p>7 Q. Couldn't say.</p> <p>8 So if I found in one of your slide</p> <p>9 decks, these presentations that you went around</p> <p>10 talking about, that said you thought the</p> <p>11 prescribing guidelines had been a contributing</p> <p>12 factor to the opioid abuse epidemic in Cuyahoga</p> <p>13 County, that would be a surprise to you?</p> <p>14 MS SACKS: Objection.</p> <p>15 THE WITNESS: Prescribing practices</p> <p>16 I felt contributed to it. I do not recall</p> <p>17 specifically talking about prescribing</p> <p>18 guidelines contributing to the epidemic.</p> <p>19 BY MR. BOEHM:</p> <p>20 Q. Okay. Do you know whether or not</p> <p>21 the Ohio Medical Board, the CDC, the Federation</p> <p>22 of State Medical Boards, or any other medical</p> <p>23 associations or organizations have -- have</p> <p>24 modified their proposed guidelines for the</p> <p>25 prescribing of prescription medications over</p>

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1 the last decade?

2 A. Can you repeat the question.

3 MR. BOEHM: I can have the court

4 reporter read it back to you.

5 (The record was read as requested.)

6 MR. BOEHM: Prescription opioids

7 over the last decade.

8 THE WITNESS: That was my

9 understanding.

10 BY MR. BOEHM:

11 Q. Your understanding is that they have

12 modified them?

13 A. That they have modified them.

14 Q. Okay. In what ways do you

15 understand medical organizations, including the

16 Ohio Medical Board, to have modified their

17 recommendations and guidelines for how licensed

18 physician prescribe opioids to their patients?

19 A. In terms of -- they have created

20 guidelines for specific settings. I don't know

21 the specific language or cannot site specific

22 examples of how they have been modified over

23 the last decade.

24 Q. Okay. Just looking back to your

25 language here with Mr. Caraffi about the

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1 adoption of proper prescribing guidelines, is

2 it your testimony, as you sit here today, that

3 what you and Mr. Caraffi actually meant is that

4 hospitals needed to implement existing

5 guidelines?

6 A. "Existing" may be a fair term. We

7 did work regularly with staff members at the

8 Ohio Department of Health, and adoption of

9 proper prescribing guidelines was commonly a

10 phrase that was used and talked about.

11 Q. When you heard that phrase used and

12 talk [sic] about, the adoption of appropriate

13 prescribing guidelines, what did you understand

14 that to mean?

15 A. That the State of Ohio had created a

16 set of guidelines that would assist with

17 prescribing habits of providers.

18 Q. And --

19 A. -- and prescribers.

20 Q. And what's your understanding as to

21 when the State of Ohio adopted guidelines to

22 assist licensed physicians with the prescribing

23 of prescription opioids to their patients?

24 A. I don't know when they were first

25 adopted.

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1 Q. Do you -- are you able to identify

2 roughly any particular time when the State of

3 Ohio adopted guidelines to assist physicians in

4 prescribing opioids to their patients?

5 A. No. Not specifically.

6 Q. In the final sentence of the second

7 page of this brochure from you and Mr. Caraffi,

8 which is Exhibit 5, it states that by 2018 it's

9 a goal of the Cuyahoga County Opiate Task Force

10 to see a 15 percent reduction in accidental

11 deaths from prescription drug overdose.

12 Did I read that correctly?

13 A. You did.

14 Q. How does the Cuyahoga County Board

15 of Health define a prescription drug overdose?

16 A. A prescription drug overdose

17 was this data -- was data that was provided to

18 us from the Cuyahoga County Medical Examiner's

19 Office. We did not set forth the definition.

20 The Ohio Department of Health, as

21 well as our Cuyahoga County Medical Examiner's

22 Office, with access to their data, would rule a

23 drug overdose accidental based upon the

24 information that they had about that individual

25 case or patient.

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1 Q. Do you know though Cuyahoga County

2 Office of the Medical Examiner would

3 characterize or classify overdose deaths as

4 between illicit opiates like heroin versus

5 prescription opioids that are available through

6 a licensed physician?

7 A. So through their toxicology screens,

8 they were able to identify the substances that

9 were within the individual's system as well as

10 had access to the OARRS report that would

11 supplement that information.

12 Q. Is it your understanding that the

13 Cuyahoga County Office of the Medical Examiner

14 could specifically identify a particular type

15 of prescription opioid medication as part of

16 the toxicology analysis it performed upon

17 autopsy?

18 A. That was my understanding.

19 Q. Okay. What is the basis of that

20 understanding?

21 A. We did the poison death review

22 committee, as well as the Cuyahoga County

23 Medical Examiner's Office would provide us with

24 data and case reviews of the patients that had

25 died from a drug-related overdose. And within

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1 that report, in the toxicology screen, it would
 2 indicate the substances that were in their
 3 system.
 4 Q. And could you identify the
 5 particular type of prescription opioid --
 6 MS SACKS: Objection.
 7 BY MR. BOEHM:
 8 Q. -- through the toxicology report?
 9 A. It would indicate things like
 10 hydrocodone, oxycodone, a benzodiazepine. It
 11 would -- it would list those out --
 12 Q. Were you --
 13 A. -- specifically.
 14 Q. Sorry.
 15 Through the toxicology reports from
 16 the Cuyahoga County Office of Medical Examiner,
 17 were you able to determine the manufacturer of
 18 any particular opioid that was detected through
 19 the toxicology reports performed?
 20 A. I personally was not.
 21 Q. Do you know if anybody at the
 22 Medical Examiner's Office could have used
 23 toxicology data to identify the manufacturer of
 24 an opioid detected through the toxicology
 25 analysis?

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1 A. I'm not certain. Unless there was
 2 an exception where there was a particular type
 3 of drug that had a singular manufacturer.
 4 Q. You write here that you're hoping to
 5 see a 15 percent reduction in accidental deaths
 6 from prescription drug overdoses.
 7 Was that objective with respect to
 8 prescription opioid medications or accidental
 9 prescription drug overdoses in general?
 10 A. That reduction was -- we were hoping
 11 to see a 15 percent reduction in accidental
 12 prescription drug overdoses.
 13 Q. Okay. So not just opioid
 14 medications.
 15 A. I don't recall. But the -- the main
 16 goal was to see a reduction in accidental drug
 17 overdoses from prescription medications.
 18 Q. Got it. And I'm just trying to --
 19 A. Uh-huh.
 20 Q. -- understand better whether or not
 21 this --
 22 A. Yeah.
 23 Q. -- reference is specific to
 24 prescription opioid medications or if it's more
 25 general to prescription drugs overall.

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1 A. And I was trying to think that
 2 through out loud a little bit. We were
 3 primarily focused on accidental drug overdoses
 4 that were attributed to opioids.
 5 Q. Do you know if there has been a
 6 15 percent reduction in accidental deaths from
 7 prescription drug overdoses in Cuyahoga County?
 8 A. I don't know specifically. I was no
 9 longer employed with the Board of Health at the
 10 time that that final analysis was run.
 11 Q. Do you know what the trends are in
 12 terms of the number of prescription drug
 13 overdose over the last five or ten years
 14 increase Cuyahoga County?
 15 A. Yes.
 16 Q. Are they going up, or are they going
 17 down?
 18 A. They --
 19 MS SACKS: Objection.
 20 THE WITNESS: They had gone up.
 21 I -- recently they have decreased and declined.
 22 BY MR. BOEHM:
 23 Q. For how many years -- well, and I
 24 don't know if you know this.
 25 But do you know for how many years

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1 the number of prescription opioid drug
 2 overdoses --
 3 A. Uh-huh.
 4 Q. -- has been declining in Cuyahoga
 5 County?
 6 A. I know that, when we first began
 7 working in this space, we were continuing to
 8 see an increase --
 9 Q. Right. But my --
 10 A. -- in those deaths.
 11 Q. I have a different question.
 12 My question is do you know for how
 13 many years the number of prescription opioid
 14 drug overdoses has been declining in Cuyahoga
 15 County?
 16 A. Not specifically.
 17 Q. But it has been declining for
 18 several years right?
 19 A. Yes.
 20 Q. Do you consider the Cuyahoga County
 21 Board of Health to be a part of Cuyahoga
 22 County?
 23 A. I'm not sure I understand --
 24 Q. Let -- let me --
 25 A. -- the question.

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1 Q. -- ask it a different way. Yeah.
 2 That's a little bit clumsy.
 3 Is the Cuyahoga County Board of
 4 Health a part of Cuyahoga County government?
 5 A. We operated independently of the
 6 Cuyahoga County government with the exception
 7 of their fiscal responsibility --
 8 Q. And --
 9 A. -- or fiscal --
 10 Q. -- I'm not --
 11 A. -- fiscal relationship with us.
 12 Q. What do you mean the fiscal
 13 relationship with the county?
 14 A. It was my understanding that they
 15 served as our bank, for lack of a better way to
 16 describe it.
 17 Q. What do you mean by that?
 18 A. Our paychecks were signed by the
 19 county auditor. Certain grant requirements had
 20 to funnel through county agencies.
 21 But other than financially, we
 22 operated, for the most part, independently of
 23 Cuyahoga County government.
 24 Q. Who is responsible for budgeting and
 25 expenditures at the Cuyahoga County Board of

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1 Health?
 2 A. There's more than one person that's
 3 responsible for that. We do have -- or the
 4 Cuyahoga County Board of Health has a chief
 5 financial officer. And she would be the
 6 head --
 7 Q. Who is that?
 8 A. -- of that.
 9 Her name is Judy Wirsching.
 10 Q. Will you spell the last name,
 11 please?
 12 A. W-I-R-S-C-H-I-N-G.
 13 Q. Is Ms. Wirsching still at the
 14 Cuyahoga County Board of Health?
 15 A. I don't know.
 16 Q. Was she there when you left?
 17 A. Yes.
 18 Q. Was she there when you started?
 19 A. I believe so, but I'm not certain.
 20 Q. Is she the person who you believe
 21 had primary responsibility for managing budgets
 22 and expenditures on behalf of Cuyahoga County
 23 Board of Health?
 24 A. Yes.
 25 Q. What are the -- do you know, or

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1 would we have to ask Ms. Wirsching, what the
 2 sources of revenues are for the Cuyahoga County
 3 Board of Health?
 4 A. That would be a question for
 5 Ms. Wirsching.
 6 Q. Did you know that information during
 7 the time that you were employed at CCBH?
 8 A. Can you rephrase the question --
 9 Q. Well, I'm asking --
 10 A. -- repeat the question.
 11 Q. -- whether or not, during the time
 12 that you were at CCBH, you could tell us what
 13 the sources of revenue were for the operations
 14 and programs of the Cuyahoga County Board of
 15 Health.
 16 A. That was not a intimate part of my
 17 job. I could have been made privy to that
 18 information at points along the way, but it
 19 wasn't something that I dealt with on a daily
 20 basis.
 21 Q. Okay. Well, setting aside the level
 22 of intimacy you had with that, is that
 23 information you -- you know?
 24 A. Not at this moment, no.
 25 Q. So sitting here today, you don't

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1 know what sources of revenue the Cuyahoga
 2 County Board of Health had available to it
 3 during the time you worked there for purposes
 4 of running its operations and its programs
 5 and -- and other expenses?
 6 A. I mean yes, we -- we did have
 7 revenue from grants and from taxpayer dollars
 8 Q. Okay. What grants did you receive?
 9 A. There were numerous grants that we
 10 received that I wouldn't even be able to begin
 11 to list them all.
 12 Q. And when you talk about taxpayer
 13 dollars, what do you mean?
 14 A. That the -- the residents of
 15 Cuyahoga County taxpayer dollars went to
 16 support the -- the funding of the Cuyahoga
 17 County Board of Health.
 18 Q. Through what tax --
 19 A. I --
 20 Q. -- is it your understanding that the
 21 citizens of Cuyahoga County paid for purposes
 22 of CCBH expenditures?
 23 A. I don't know what tax.
 24 Q. Are -- were there any other sources
 25 of revenue for CCBH besides grants and -- and

<p style="text-align: right;">Page 162</p> <p>1 this understanding of yours that there were</p> <p>2 taxpayer dollars involved?</p> <p>3 A. Potentially.</p> <p>4 Q. What else?</p> <p>5 A. I don't know.</p> <p>6 Q. One source of funding would be the</p> <p>7 Ohio Department of Health, right?</p> <p>8 A. That would be a grant.</p> <p>9 Q. Okay. So that's a grant from a</p> <p>10 state?</p> <p>11 A. Correct. And the -- the initial</p> <p>12 source of the dollars were federal.</p> <p>13 Q. Then --</p> <p>14 A. For --</p> <p>15 Q. I'm sorry.</p> <p>16 A. For our specific grant, the initial</p> <p>17 source of the dollars were federal dollars.</p> <p>18 Q. Other than the Ohio Department of</p> <p>19 Health Injury Prevention Grant that we've</p> <p>20 discussed at length this morning, were there</p> <p>21 any other grants that the Cuyahoga County Board</p> <p>22 of Health received that were specific for the</p> <p>23 purpose of addressing the opioid abuse epidemic</p> <p>24 in the county?</p> <p>25 A. Not to my knowledge in my time</p>	<p style="text-align: right;">Page 164</p> <p>1 to?</p> <p>2 A. I'm referring to the Ohio Department</p> <p>3 of Health Injury Prevention Grant.</p> <p>4 Q. Okay. But -- but I'm asking about</p> <p>5 something different. That's a grant --</p> <p>6 A. Maybe I didn't understand.</p> <p>7 Q. Okay. My question to you is, to</p> <p>8 your knowledge, has Cuyahoga County ever</p> <p>9 budgeted funds specifically for the purpose of</p> <p>10 studying the causes of the opioid epidemic?</p> <p>11 Not talking about a grant that comes</p> <p>12 from the federal government or the state.</p> <p>13 A. Okay. And you're referring to</p> <p>14 Cuyahoga County, no longer specifically</p> <p>15 Cuyahoga County Board of Health.</p> <p>16 Q. Correct.</p> <p>17 A. Okay. And that threw me off.</p> <p>18 I could only assume. I don't know</p> <p>19 definitively.</p> <p>20 Q. You're not -- let's ask it this way:</p> <p>21 To your knowledge, has Cuyahoga County ever</p> <p>22 budgeted funds specifically for the purpose of</p> <p>23 studying the causes of the opioid abuse</p> <p>24 epidemic in the county?</p> <p>25 A. Again, it would be an assumption.</p>
<p style="text-align: right;">Page 163</p> <p>1 there.</p> <p>2 Q. Are you aware of whether or not the</p> <p>3 Cuyahoga County Board of Health made funding</p> <p>4 requests directly to Cuyahoga County?</p> <p>5 MS SACKS: Objection.</p> <p>6 THE WITNESS: Can you repeat the</p> <p>7 question.</p> <p>8 BY MR. BOEHM:</p> <p>9 Q. Sure.</p> <p>10 Do you know whether the Cuyahoga</p> <p>11 County Board of Health made funding requests to</p> <p>12 Cuyahoga County?</p> <p>13 MS SACKS: Same objection.</p> <p>14 THE WITNESS: I don't know.</p> <p>15 BY MR. BOEHM:</p> <p>16 Q. To your knowledge, has Cuyahoga</p> <p>17 County ever budgeted funds specifically for the</p> <p>18 purpose of studying the causes of the opioid</p> <p>19 abuse epidemic in Cuyahoga County?</p> <p>20 A. Not to my knowledge, outside of the</p> <p>21 parameters of the grant.</p> <p>22 Q. So you threw in a caveat there about</p> <p>23 outside the parameters of the grant. And I</p> <p>24 don't know what that means.</p> <p>25 What -- what grant are you referring</p>	<p style="text-align: right;">Page 165</p> <p>1 Q. I'm not asking for your assumption.</p> <p>2 I'm asking --</p> <p>3 A. I don't -- no. No. I don't know.</p> <p>4 Q. So -- so the answer is "no."</p> <p>5 MS. SACKS: I think she said, "I</p> <p>6 don't know."</p> <p>7 BY MR. BOEHM:</p> <p>8 Q. Well, I'm asking to -- let me just</p> <p>9 say it again.</p> <p>10 To your knowledge, has Cuyahoga</p> <p>11 County ever budgeted funds specifically for the</p> <p>12 purpose of studying the causes of the opioid</p> <p>13 epidemic?</p> <p>14 A. Again, my -- I -- I apologize my</p> <p>15 answer is the same. I assume that that answer</p> <p>16 is yes, but I can't say that with 100 percent</p> <p>17 certainty.</p> <p>18 Q. Why do you assume that that answer</p> <p>19 is yes?</p> <p>20 A. Because Cuyahoga County has been</p> <p>21 working towards combatting this issue for</p> <p>22 several years now. It's a problem in our</p> <p>23 community. And through conversations, it's my</p> <p>24 assumption that the county has budgeted dollars</p> <p>25 to assist --</p>

<p style="text-align: right;">Page 166</p> <p>1 Q. Okay.</p> <p>2 A. -- with this problem.</p> <p>3 Q. Can I ask you just for a moment to</p> <p>4 set aside your guesses and assumptions and --</p> <p>5 and answer just with your knowledge.</p> <p>6 Is that okay?</p> <p>7 A. Yes.</p> <p>8 Q. Is that fair?</p> <p>9 A. It -- it -- it's fair, but I -- it's</p> <p>10 not a definitive answer.</p> <p>11 Q. Understood. I -- I know you don't</p> <p>12 know --</p> <p>13 A. Uh-huh.</p> <p>14 Q. None of us are an encyclopedia of</p> <p>15 knowledge about everything in the --</p> <p>16 A. Right.</p> <p>17 Q. -- universe. So I'm just asking</p> <p>18 about what you know.</p> <p>19 A. Okay.</p> <p>20 Q. To your knowledge, has Cuyahoga</p> <p>21 County ever budgeted funds specifically for the</p> <p>22 purpose of studying the causes of the opioid</p> <p>23 abuse epidemic in the county?</p> <p>24 A. To my knowledge, my answer would be</p> <p>25 yes.</p>	<p style="text-align: right;">Page 168</p> <p>1 A. No.</p> <p>2 Q. To your knowledge, has Cuyahoga</p> <p>3 County ever budgeted funds specifically for the</p> <p>4 purpose of addressing the opioid epidemic in</p> <p>5 Cuyahoga County?</p> <p>6 MS SACKS: Objection.</p> <p>7 THE WITNESS: I only -- I am only</p> <p>8 aware of the programs that were implemented and</p> <p>9 discussed at -- at our events. In terms of</p> <p>10 their budgeting and the resources that were</p> <p>11 utilized, I -- I don't know definitively.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. Okay. So to your knowledge, has</p> <p>14 Cuyahoga County ever budgeted funds</p> <p>15 specifically for the purpose of addressing the</p> <p>16 opioid epidemic in the county?</p> <p>17 A. No.</p> <p>18 Q. Do you recall attending a symposium</p> <p>19 on prescription drug overdoses in July 2009</p> <p>20 sponsored by the Ohio Department of Health, the</p> <p>21 Ohio Department of Alcohol and Drug Addiction</p> <p>22 Service and the Ohio Injury Prevention</p> <p>23 Partnership?</p> <p>24 A. I -- I attended several symposiums.</p> <p>25 Q. Do you recall attending one in 2009</p>
<p style="text-align: right;">Page 167</p> <p>1 Q. They have.</p> <p>2 A. Yes.</p> <p>3 Q. Okay. Tell me about your knowledge</p> <p>4 about Cuyahoga County having budgeted funds</p> <p>5 specifically for the purpose of studying the</p> <p>6 causes of the opioid epidemic in the county.</p> <p>7 A. My knowledge stems from the</p> <p>8 information that I had just shared with members</p> <p>9 of the Cuyahoga County Opiate Task Force</p> <p>10 placing priority on this problem, and through</p> <p>11 conversations that have occurred, that they</p> <p>12 have budgeted dollars. But I do not know --</p> <p>13 Q. When did they do that?</p> <p>14 A. -- definitively.</p> <p>15 I don't know.</p> <p>16 Q. How much?</p> <p>17 A. I don't know.</p> <p>18 Q. Who participated?</p> <p>19 A. I don't know.</p> <p>20 Q. What were the results?</p> <p>21 A. I don't know.</p> <p>22 Q. Do you have any knowledge that</p> <p>23 Cuyahoga County has actually budgeted funds for</p> <p>24 purposes of studying the causes of the opioid</p> <p>25 abuse epidemic in the county?</p>	<p style="text-align: right;">Page 169</p> <p>1 that was sponsored by the Ohio Department of</p> <p>2 Health, the Drug Addiction Services and the</p> <p>3 Ohio Prevention Injury Partnership related to</p> <p>4 prescription drug overdose information?</p> <p>5 A. I would need to know more details</p> <p>6 about it. I don't -- I don't know specifically</p> <p>7 if I attended that one.</p> <p>8 Q. Does that ring a bell for you?</p> <p>9 MS SACKS: Objection.</p> <p>10 THE WITNESS: Again, there were</p> <p>11 numerous conferences and symposiums and events.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. I understand.</p> <p>14 I'm just asking if this -- when I</p> <p>15 describe this one to you, does that ring a</p> <p>16 bell?</p> <p>17 A. No.</p> <p>18 Q. Okay. And I think that the Ohio</p> <p>19 Injury Prevention Partnership was an entity</p> <p>20 with which you had an affiliation, right?</p> <p>21 A. Yes.</p> <p>22 Q. And, in fact, we talked earlier</p> <p>23 about PDAAG, and you were the cochair of PDAAG,</p> <p>24 right?</p> <p>25 A. Yes. Uh-huh.</p>

<p style="text-align: right;">Page 170</p> <p>1 Q. And PDAAG is a -- a -- a subgroup of</p> <p>2 the Ohio Injury Prevention Partnership, right.</p> <p>3 A. Correct.</p> <p>4 Q. But sitting here today, you don't</p> <p>5 recall attending a conference on the subject of</p> <p>6 prescription drug overdoses in 2009 that was</p> <p>7 sponsored in part by the Ohio Injury Prevention</p> <p>8 Partnership?</p> <p>9 A. I was not chair at that time. I'm</p> <p>10 not saying that it didn't happen. I don't -- I</p> <p>11 can't say that I attended the one that you are</p> <p>12 specifically referring to.</p> <p>13 MR. BOEHM: Okay. I'm going to mark</p> <p>14 and show you a document, Ms. Leppla, about that</p> <p>15 conference from July 2009 to see if it</p> <p>16 refreshes your recollection about it.</p> <p>17 (Deposition Exhibit 6 was marked for</p> <p>18 identification.)</p> <p>19 BY MR. BOEHM:</p> <p>20 Q. Ms. Leppla, I've marked a document</p> <p>21 as Exhibit 6 for purposes of your deposition</p> <p>22 that is dated July 29, 2009, and is the agenda</p> <p>23 for a symposium entitled "Epidemic of</p> <p>24 Prescription Drug Overdoses: A Call to</p> <p>25 Action."</p>	<p style="text-align: right;">Page 172</p> <p>1 attend conferences and symposiums on this</p> <p>2 topic. I think that number would increase over</p> <p>3 the years. But it doesn't mean that in 2009 we</p> <p>4 weren't attending conferences of this nature.</p> <p>5 Q. And you see the title of this is</p> <p>6 "Epidemic of Prescription Drug Overdoses,"</p> <p>7 right?</p> <p>8 A. Yes.</p> <p>9 Q. Do you know why in July 2009 this</p> <p>10 symposium was entitled "Epidemic of</p> <p>11 Prescription Drug Overdoses"?</p> <p>12 A. That would have been the</p> <p>13 determination of the symposium sponsors.</p> <p>14 MR. BOEHM: Okay. I've marked as</p> <p>15 the next exhibit a document that is an</p> <p>16 attendance list for this conference.</p> <p>17 THE WITNESS: Uh-huh.</p> <p>18 MR. BOEHM: And that's Exhibit 7.</p> <p>19 (Deposition Exhibit 7 was marked for</p> <p>20 identification.)</p> <p>21 BY MR. BOEHM:</p> <p>22 Q. And quite conveniently, this seems</p> <p>23 to be at least partially ordered alphabetically</p> <p>24 by first name, which means we don't have to go</p> <p>25 very far to find your name.</p>
<p style="text-align: right;">Page 171</p> <p>1 Do you see that?</p> <p>2 A. Yes.</p> <p>3 Q. I'll give you a minute to just look</p> <p>4 over the agenda.</p> <p>5 A. Thank you.</p> <p>6 Q. And -- and would you please, when</p> <p>7 you've had an opportunity to do that, let me</p> <p>8 know whether or not you recall attending this</p> <p>9 symposium.</p> <p>10 A. Okay. I am finished reading the</p> <p>11 document.</p> <p>12 Q. Do you recall attending this</p> <p>13 symposium?</p> <p>14 A. I actually do not.</p> <p>15 Q. None -- nothing on this agenda rings</p> <p>16 a bell for you?</p> <p>17 MS SACKS: Objection.</p> <p>18 THE WITNESS: Unfortunately, in this</p> <p>19 moment, no.</p> <p>20 BY MR. BOEHM:</p> <p>21 Q. Okay. Is it fair to say that, in</p> <p>22 and around this time, you were attending</p> <p>23 multiple conferences on the subject of</p> <p>24 prescription drug overdose issues?</p> <p>25 A. I would say around this time we</p>	<p style="text-align: right;">Page 173</p> <p>1 A. Right.</p> <p>2 Q. In fact, it's the second name</p> <p>3 listed: "Allisyn Leppla, Cuyahoga County Board</p> <p>4 of Health."</p> <p>5 Do you see that?</p> <p>6 A. I see that.</p> <p>7 Q. Okay. I take it this doesn't help</p> <p>8 you remember that you attended this symposium?</p> <p>9 A. Honestly, my answer is the same. I</p> <p>10 -- if my name is on this attendance list, then</p> <p>11 I -- it means I attended. But I do not recall</p> <p>12 this very specific symposium.</p> <p>13 I -- I recall attending other</p> <p>14 statewide conferences and symposiums. I do not</p> <p>15 recall this one specifically.</p> <p>16 Q. That's fair enough.</p> <p>17 I want to direct your attention down</p> <p>18 toward the bottom of the page. There's the</p> <p>19 name Colin Johnson.</p> <p>20 And it appears that Mr. -- Mr.</p> <p>21 Johnson?</p> <p>22 A. Correct.</p> <p>23 Q. Yes?</p> <p>24 -- also was affiliated with the</p> <p>25 Cuyahoga County Board of Health?</p>

<p style="text-align: right;">Page 174</p> <p>1 A. That's correct.</p> <p>2 Q. What was Mr. Johnson's job?</p> <p>3 A. Colin Johnson was a supervisor at</p> <p>4 the Cuyahoga County Board of Health. He was a</p> <p>5 supervisor at the time in our water quality</p> <p>6 division.</p> <p>7 And in the early days of the</p> <p>8 Cuyahoga County Board of Health being involved</p> <p>9 in this issue and, as I had previously</p> <p>10 mentioned, been focused on the negative</p> <p>11 environmental impacts that would have, colon</p> <p>12 was involved in his capacity as supervisor of</p> <p>13 our water quality division.</p> <p>14 Q. If you turn over to the fourth page,</p> <p>15 I see the name Sandi Hoch, H-O-C-H.</p> <p>16 Do you know that name?</p> <p>17 A. Sandi Hoch.</p> <p>18 Q. Oh, okay. I was mispronouncing it.</p> <p>19 A. Sure.</p> <p>20 Q. Thank you for the correction.</p> <p>21 Sandi Hoch, also affiliated with</p> <p>22 CCBH, right?</p> <p>23 A. Yes.</p> <p>24 Q. And is Sandi a -- a man or woman?</p> <p>25 A. It's a female.</p>	<p style="text-align: right;">Page 176</p> <p>1 several people from other parts of the state</p> <p>2 who also attended the symposia, right?</p> <p>3 A. Yes.</p> <p>4 Q. For example, on Page 47 there's a</p> <p>5 Mr. Paul Wilkinson, Jr., from the Akron Health</p> <p>6 Department about a third of the way down that</p> <p>7 page.</p> <p>8 A. Page 4 of Exhibit 7?</p> <p>9 Q. Yes.</p> <p>10 A. Okay.</p> <p>11 Q. See that?</p> <p>12 A. Yes.</p> <p>13 Q. And on page 5 at the very bottom,</p> <p>14 there are two other individuals on behalf of</p> <p>15 Akron, Ohio: Darryl Brake and Gwen Wilson.</p> <p>16 Do you see that?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. Does any of this help you</p> <p>19 remember this conference?</p> <p>20 A. No. Unfortunately, it doesn't.</p> <p>21 Q. What specifically did the Cuyahoga</p> <p>22 County Board of Health do in or around this</p> <p>23 time, the late -- let's say 2006 to 2010</p> <p>24 period?</p> <p>25 Let me start that over.</p>
<p style="text-align: right;">Page 175</p> <p>1 Q. Okay. Is -- Ms. Hoch attended this</p> <p>2 conference as well?</p> <p>3 A. Per the attendance sheet that you</p> <p>4 have.</p> <p>5 Q. Do you recall attending any</p> <p>6 conference with Ms. Hoch and/or Mr. Johnson on</p> <p>7 the subject of prescription drug overdoses?</p> <p>8 A. Not specifically. I -- I believe</p> <p>9 that Sandi Hoch attended the -- the 2012</p> <p>10 conference that we hosted.</p> <p>11 Q. Okay. And if you flip over to the</p> <p>12 fifth page, there's another name that's already</p> <p>13 come up today. That's Vince Caraffi.</p> <p>14 A. Yes.</p> <p>15 Q. And he attended this conference as</p> <p>16 well.</p> <p>17 Do you see that?</p> <p>18 A. Yes.</p> <p>19 Q. Do you recall attending a conference</p> <p>20 on the subject of prescription opioid abuse</p> <p>21 with Mr. Caraffi, Ms. Hoch and Mr. Johnson?</p> <p>22 A. Not collectively. Vince Caraffi and</p> <p>23 I attend several conferences, similar</p> <p>24 conferences.</p> <p>25 Q. And then you can see there are</p>	<p style="text-align: right;">Page 177</p> <p>1 MS SACKS: Objection. Yeah.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. Between the years 2006 and 2010,</p> <p>4 what specifically -- what specifically did the</p> <p>5 Cuyahoga County Board of Health do to</p> <p>6 investigate the causes of the opioid epidemic</p> <p>7 in the county?</p> <p>8 A. In the time period that you're</p> <p>9 referencing between 2006 and 2007, as I have</p> <p>10 mentioned, that around the 2006 time frame was</p> <p>11 when we initially began this work.</p> <p>12 At that time we did not have a</p> <p>13 singular dedicated employee, such as in the</p> <p>14 role when we received the funding with -- with</p> <p>15 the grant.</p> <p>16 We were focused on the improper</p> <p>17 disposal of the medications. We convened</p> <p>18 partners to host those drug take-back events.</p> <p>19 And we would host those twice a year, the drug</p> <p>20 take-back events. We would host meetings with</p> <p>21 those partners. We would participate in</p> <p>22 community events.</p> <p>23 Q. Okay. Did you investigate the</p> <p>24 causes of the opioid epidemic during that</p> <p>25 period of time?</p>

<p style="text-align: right;">Page 178</p> <p>1 A. I do not recall specifically.</p> <p>2 Q. Do you recall when you at CCBH first</p> <p>3 undertook to investigate the causes of the</p> <p>4 opioid abuse epidemic in Cuyahoga County?</p> <p>5 A. Post 2006 and before 2010.</p> <p>6 MR. BOEHM: Ms. Leppla, I'm handing</p> <p>7 you a document that will be marked as Exhibit 8</p> <p>8 for the deposition here today.</p> <p>9 (Deposition Exhibit 8 was marked for</p> <p>10 identification.)</p> <p>11 BY MR. BOEHM:</p> <p>12 Q. It's an e-mail from January 2014</p> <p>13 that was written by Mr. Caraffi to several</p> <p>14 members of the Cuyahoga County Board of Health</p> <p>15 where he refers to you by name.</p> <p>16 And specifically, in the second</p> <p>17 paragraph of the e-mail, he writes: "I have</p> <p>18 attached the 2012 opiate summary report created</p> <p>19 by Allisyn Leppla, who will be taking the lead</p> <p>20 on the Injury Prevention Grant we spoke about</p> <p>21 during our meeting."</p> <p>22 You see that?</p> <p>23 A. I do.</p> <p>24 Q. Okay. Do you recall having prepared</p> <p>25 a 2012 opiate summary report?</p>	<p style="text-align: right;">Page 180</p> <p>1 A. Yes.</p> <p>2 Q. Are you aware of the fact that in</p> <p>3 2010 there was a Ohio prescription drug abuse</p> <p>4 task force established which then prepared a</p> <p>5 final report?</p> <p>6 A. Yes.</p> <p>7 Q. Have you read that report?</p> <p>8 A. Years ago.</p> <p>9 Q. Okay. Did you read it at the time</p> <p>10 that it was issued back in 2010?</p> <p>11 A. Yes.</p> <p>12 Q. How regularly did you prepare</p> <p>13 reports such as this one that's an -- an</p> <p>14 attachment to Vince's e-mail here in Exhibit 8?</p> <p>15 A. Typically on any annual basis.</p> <p>16 Q. To what extent did your</p> <p>17 responsibilities at the Cuyahoga County Board</p> <p>18 of Health include raising money for the</p> <p>19 programs and operations of CCBH?</p> <p>20 A. I -- I was not responsible for</p> <p>21 fundraising for -- for our programs</p> <p>22 specifically.</p> <p>23 Q. Was there somebody at CCBH who had</p> <p>24 responsibility for fundraising?</p> <p>25 A. I don't think we had a dedicated</p>
<p style="text-align: right;">Page 179</p> <p>1 A. Yes.</p> <p>2 Q. And if you turn, in fact, a couple</p> <p>3 of pages into this document, you'll see the</p> <p>4 attachment that Mr. Caraffi sent to the</p> <p>5 recipients of the e-mail, right?</p> <p>6 A. Yes.</p> <p>7 Q. Specifically there is an "Ohio's</p> <p>8 Opiate Abuse Epidemic Summary Report 2012."</p> <p>9 A. Correct.</p> <p>10 Q. Did you prepare this?</p> <p>11 A. I did, with the assistance of other</p> <p>12 employees of the Board of Health.</p> <p>13 Q. Who assisted you in preparing this</p> <p>14 report?</p> <p>15 A. Vince Caraffi would have assisted</p> <p>16 and our communications director.</p> <p>17 Q. In the third paragraph of this</p> <p>18 report that you prepared, it states: "In 2010,</p> <p>19 based on the recommendations of Governor</p> <p>20 Strickland's Ohio Prescription Drug Abuse Final</p> <p>21 Report, the Ohio Department of Health launched</p> <p>22 a comprehensive education and awareness</p> <p>23 campaign known as Prescription For Prevention:</p> <p>24 Stop the Epidemic."</p> <p>25 See that?</p>	<p style="text-align: right;">Page 181</p> <p>1 staff member that was responsible for</p> <p>2 fundraising.</p> <p>3 Q. Did you have employees at CCBH who,</p> <p>4 while perhaps not a dedicated employee to that</p> <p>5 pursuit, did have responsibility for</p> <p>6 fundraising operations?</p> <p>7 A. I -- not to my knowledge.</p> <p>8 Q. Okay. Did you assist in the</p> <p>9 application for grants on behalf of CCBH?</p> <p>10 A. Yes.</p> <p>11 Q. Can you describe what your</p> <p>12 responsibilities were in terms of applying for</p> <p>13 grants on behalf of CCBH?</p> <p>14 A. Yes. So my responsibilities in</p> <p>15 terms of applying for the Ohio Department of</p> <p>16 Health Injury Prevention Grant, I assisted with</p> <p>17 the compilation of the application in reaching</p> <p>18 out to community partners to obtain information</p> <p>19 and data that would have supported our</p> <p>20 application.</p> <p>21 And that would have been, in my</p> <p>22 mind, applying for funding.</p> <p>23 Q. Did you have primary responsibility</p> <p>24 at CCBH for applying for grant funding?</p> <p>25 A. We had several employees that would</p>

<p style="text-align: right;">Page 182</p> <p>1 apply for grant funding, depending upon the 2 nature of the grant.</p> <p>3 Q. Did you assist in the preparation of 4 the grant application for the Ohio Department 5 of Health Injury Prevention Grant that we 6 discussed earlier today?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. Did you have primary 9 responsibility for that grant application?</p> <p>10 A. In -- not in year one. Years two 11 through five it would be safe to say that I had 12 primary responsibility.</p> <p>13 Q. Who had primary responsibility for 14 the Ohio Department of Health Injury Prevention 15 Grant in year one?</p> <p>16 A. Vince Caraffi.</p> <p>17 Q. Was the grant application process 18 for the Ohio Department of Health Injury 19 Prevention Grant competitive?</p> <p>20 A. It was. It -- it was -- just want 21 to clarify. In year one that was a competitive 22 cycle. It was a five-year award that was not 23 competitive in subsequent years.</p> <p>24 Q. In subsequent years you just 25 provided an update to the Department of Health,</p>	<p style="text-align: right;">Page 184</p> <p>1 document, which I've marked as Exhibit 9, which 2 is a -- another e-mail exchange.</p> <p>3 And this is an e-mail exchange 4 that's a little bit longer. And as these 5 things go, to start from the beginning, you 6 actually have to start at the bottom.</p> <p>7 A. Sure.</p> <p>8 Q. And the e-mail exchange actually 9 begins with you writing to Mr. Hugh Shannon on 10 November 16th, 2016.</p> <p>11 Do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. And you asked him to send you 14 overdose cases for 2015?</p> <p>15 A. Correct.</p> <p>16 Q. What exactly were you asking for? 17 What data did you want to see?</p> <p>18 A. So as part of our grant 19 requirements, we were required to enter in the 20 county death data for that particular year. 21 And in year one of the grant, we realized that, 22 due to the -- the lag time in final rulings on 23 cases, ODH instructed that there -- there would 24 be -- trying to think of how to properly phrase 25 this -- we would -- we would wait a year to</p>
<p style="text-align: right;">Page 183</p> <p>1 or what were your duties in terms of reporting? 2 A. We had a variety of responsibilities 3 in terms of reporting quarterly, annually. And 4 we had to submit a continuation application to 5 the Ohio Department of Health.</p> <p>6 But during that cycle, it was -- it 7 was not competitive in years two through five.</p> <p>8 Q. Other than the Ohio Department of 9 Health Injury Prevention Grant that we've 10 discussed, did, to your knowledge, the Cuyahoga 11 County Board of Health at any other time 12 receive a grant dedicated to addressing the 13 opioid abuse epidemic within Cuyahoga County?</p> <p>14 A. I don't believe, in my time at the 15 Board of Health.</p> <p>16 Q. Are you aware whether or not the 17 CCBH has received a grant dedicated to 18 addressing the opioid abuse epidemic in the 19 county for a period when you were not employed 20 there?</p> <p>21 A. I couldn't say definitively. 22 (Deposition Exhibit 9 was marked for 23 identification.)</p> <p>24 BY MR. BOEHM:</p> <p>25 Q. Okay. Let's go to the next</p>	<p style="text-align: right;">Page 185</p> <p>1 enter that data.</p> <p>2 But it was the death data from the 3 Medical Examiner's Office that they had ruled 4 as deaths attributed to drug overdose.</p> <p>5 Q. Would the data you received from the 6 Office of the Medical Examiner differentiate as 7 between prescription drug overdoses as opposed 8 to overdoses using illicit opiates?</p> <p>9 A. No. I do not believe so.</p> <p>10 Q. You were just getting a big number 11 that included all of opioid-related overdose 12 deaths?</p> <p>13 A. It would be --</p> <p>14 MS SACKS: Objection.</p> <p>15 THE WITNESS: It was indicated in 16 their toxicology screen. And there was a -- a 17 form database in which the information from the 18 case review was inputted in -- or input into 19 a -- in a database.</p> <p>20 BY MR. BOEHM:</p> <p>21 Q. Okay. Did you have access to the 22 database?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. So you could go into the 25 database -- or the Office of the Medical</p>

<p style="text-align: right;">Page 186</p> <p>1 Examiner -- and look at the particulars of a 2 particular overdose case? 3 A. No. I did not go into a database 4 that was owned and housed by the Office of the 5 Medical Examiner. This was a database and 6 spreadsheet that was created by the Ohio 7 Department of Health with the intentions of us 8 simply entering in the data that was provided 9 from the Medical Examiner's Office. 10 Q. Okay. So my question -- and I'm 11 probably not asking this very clearly. 12 But my question really is or not 13 the -- the data you received from the Office of 14 the Medical Examiner differentiated as between 15 prescription opioid overdoses versus overdoses 16 in individuals who were using illicit opiates. 17 MS SACKS: Objection. 18 THE WITNESS: Again, the -- the 19 cases were provided to us. And in the 20 toxicology screen, it could indicate the 21 substances that were detected as part of the 22 toxicology screen. 23 BY MR. BOEHM: 24 Q. Did you receive, from the Office of 25 the Medical Examiner, the toxicology analysis</p>	<p style="text-align: right;">Page 188</p> <p>1 back to the Ohio Department of Health, that was 2 kept. But it did not capture patient 3 information. 4 Q. Did you load the information you 5 received from the Office of the Medical 6 Examiner into an Excel spreadsheet? 7 A. Yes. 8 Q. And then did you send the Excel 9 spreadsheet to the Ohio Department of Health? 10 A. Yes. 11 Q. Was that part of the Injury 12 Prevention Grant deliverables? 13 A. Yes. 14 Q. Okay. Do you know what the Ohio 15 Department of Health did with the Excel 16 spreadsheet that you would send to them? 17 A. It was intended to identify trends 18 and help steer prevention efforts. 19 Q. Were data from the spreadsheets 20 concerning overdose data that was sent by the 21 CCBH to the Ohio Department of Health populated 22 into a database? 23 A. It was a spreadsheet. 24 Q. You sent them a spreadsheet, right? 25 A. I sent them a spreadsheet.</p>
<p style="text-align: right;">Page 187</p> <p>1 reports? 2 A. I had a summary case review sheet. 3 Q. What is that? 4 A. It was a sheet on each fatality 5 attributed to drug overdose in Cuyahoga County 6 that would provide demographic information, 7 ethnicity, things of that nature, health 8 history, criminal history, and information 9 regarding the toxicology screen. 10 Q. Would the toxicology screening 11 provide you information about the substance or 12 substances that were detected during the 13 toxicology analysis? 14 A. Often. 15 Q. Were there times when it wouldn't? 16 A. Not that I can recall specifically. 17 Q. Okay. Where were these reports that 18 you received from the Office of the Medical 19 Examiner stored? 20 A. They were -- they were -- the 21 information was put into the spreadsheet that 22 was created by the Ohio Department of Health, 23 and then they were destroyed. 24 Q. Was their electronic database kept? 25 A. The -- the spreadsheet that was sent</p>	<p style="text-align: right;">Page 189</p> <p>1 Q. Okay. And then what did the -- did 2 the Ohio Department of Health load the 3 information from spreadsheet into a database? 4 A. I don't know. 5 Q. You -- you -- 6 A. I don't -- I don't know what -- what 7 transpired after I sent it to the Ohio 8 Department of Health. 9 Q. But you testified that your 10 understanding was that the data was being used 11 to identify trends. 12 A. The -- the spreadsheet had -- if I'm 13 remembering it correctly, it had calculations 14 that would create summaries in terms of 15 percentages of males versus females, breakdown 16 by age, percentage of specific drugs that were 17 indicated in the toxicology screen, race, 18 marital status, education status. 19 Q. Who prepared the reports generated 20 from the data that was put into the 21 spreadsheet? 22 A. Can you be more -- I -- I just want 23 to make sure that I'm understanding -- 24 Q. I'm trying to under -- 25 A. -- the --</p>

<p style="text-align: right;">Page 190</p> <p>1 Q. Sorry.</p> <p>2 I'm trying to understand a little</p> <p>3 bit better this concept of identifying trends</p> <p>4 and how that was done.</p> <p>5 And I took you to be saying,</p> <p>6 although you should certainly correct me if</p> <p>7 I've got this --</p> <p>8 A. Uh-huh.</p> <p>9 Q. -- wrong somehow, that you</p> <p>10 received -- the CCBH received data concerning</p> <p>11 drug overdose deaths from the Office of the</p> <p>12 Medical Examiner, right?</p> <p>13 A. Yes.</p> <p>14 Q. The data you -- that the CCBH</p> <p>15 received from the Office of the Medical</p> <p>16 Examiner was then populated into an Excel</p> <p>17 spreadsheet.</p> <p>18 A. Correct.</p> <p>19 Q. The Excel spreadsheet was then sent</p> <p>20 to the Ohio Department of Health.</p> <p>21 A. Correct.</p> <p>22 Q. And you indicated that the data that</p> <p>23 was sent to the Ohio Department of Health was</p> <p>24 used to identify trends, including demographic</p> <p>25 trends and other types of trends that you just</p>	<p style="text-align: right;">Page 192</p> <p>1 A. Our epidemiology informatics and</p> <p>2 surveillance service area. The director of</p> <p>3 epidemiology took the lead on that.</p> <p>4 Q. Who is --</p> <p>5 A. And --</p> <p>6 Q. Who is that?</p> <p>7 A. Chris Kippes.</p> <p>8 Q. Okay. Would Chris Kippes then share</p> <p>9 his own analyses with members of the Cuyahoga</p> <p>10 County Board of Health?</p> <p>11 A. Yes.</p> <p>12 Q. Do you remember any trends that he</p> <p>13 identified in terms of data from the Oh --</p> <p>14 Cuyahoga County Office of Medical Examiner?</p> <p>15 A. So the reports that Chris generated</p> <p>16 weren't exclusively utilizing data from the</p> <p>17 Cuyahoga County Medical Examiner's Office. It</p> <p>18 was also using data from EpiCenter, which is</p> <p>19 Ohio's syndromic surveillance system in</p> <p>20 capturing information from our emergency</p> <p>21 departments.</p> <p>22 Q. Okay.</p> <p>23 A. And he would run statistical</p> <p>24 analysis on that data and generate reports that</p> <p>25 were shared.</p>
<p style="text-align: right;">Page 191</p> <p>1 indicated.</p> <p>2 A. Uh-huh.</p> <p>3 Q. So my question to you right now is</p> <p>4 who generated the reports that identified those</p> <p>5 trends?</p> <p>6 A. The Ohio Department of Health would</p> <p>7 have generated those reports. And also another</p> <p>8 intention for the spreadsheet was to identi --</p> <p>9 help identify numbers of overdoses within the</p> <p>10 county.</p> <p>11 They're utilizing dollars being</p> <p>12 spent to us for programming. And we were</p> <p>13 inputting this information into the spreadsheet</p> <p>14 that would warrant the need for that funding.</p> <p>15 Q. Would the Ohio Department of Health</p> <p>16 send you back its analyses of the data?</p> <p>17 A. No, I don't believe so.</p> <p>18 Q. Did the Cuyahoga County Board of</p> <p>19 Health ever undertake on its own to analyze or</p> <p>20 identify trends based on the drug overdose data</p> <p>21 that was being provide to it by the Cuyahoga</p> <p>22 County Office of Medical Examiner?</p> <p>23 A. Yes.</p> <p>24 Q. Who was responsible for those</p> <p>25 analyses?</p>	<p style="text-align: right;">Page 193</p> <p>1 Q. Okay. I want to take a break for</p> <p>2 lunch here, if that works for you. But let me</p> <p>3 just ask you a couple quick questions before we</p> <p>4 do that, some odds and ends.</p> <p>5 We talked earlier about MetroHealth</p> <p>6 updating its prescribing guidelines for use of</p> <p>7 prescription opioids.</p> <p>8 Do you recall that?</p> <p>9 A. Yes.</p> <p>10 Q. Do you recall when MetroHealth</p> <p>11 updated the prescribing guidelines for the use</p> <p>12 of prescription opioids?</p> <p>13 A. I do not.</p> <p>14 Q. Was it before or after 2010?</p> <p>15 A. It would have been after 2010, but I</p> <p>16 am -- I'm not ultimately familiar with what</p> <p>17 they had existing prior to that.</p> <p>18 Q. Did I hear you earlier say something</p> <p>19 along the lines that a FleishmanHillard had</p> <p>20 been -- had been retained by the Ohio</p> <p>21 Department of Health to participate in</p> <p>22 responding to the opioid abuse epidemic in</p> <p>23 Ohio?</p> <p>24 A. That was my understanding.</p> <p>25 Q. Okay. Do you know why the Ohio</p>

<p style="text-align: right;">Page 194</p> <p>1 Department of Health retained a -- a public 2 relations firm to assist in responding to the 3 opioid epidemic in the state? 4 A. I -- I don't know specifically why 5 that they utilized them. I -- based on what I 6 saw and what was produced, we were provided 7 with a lot of marketing materials to utilize to 8 enhance our efforts. 9 Q. When you talk about marketing 10 materials, what do you mean? 11 A. Primarily brochures, booklets. 12 Q. Do you know who paid the fees for 13 this public relation firm, FleishmanHillard? 14 A. It's my understanding it was the 15 Ohio Department of Health. 16 Q. Okay. Just to be clear, the Ohio 17 Department of Health is a state agency? 18 A. Yes. 19 MR. BOEHM: Is now a good time 20 for -- 21 MS. SACKS: Yeah. 22 MR. BOEHM: -- a lunch break. 23 MS SACKS: Yeah. 24 Let me go find out what's the deal. 25 THE VIDEOGRAPHER: We are going off</p>	<p style="text-align: right;">Page 196</p> <p>1 to be a pest; just a grant requirement." 2 You see that? 3 A. Yes. 4 Q. What data were you requesting from 5 Mr. Shannon? 6 A. Do you mind if I take a moment to -- 7 Q. Not at all. 8 A. -- peruse the -- 9 Q. Please? 10 A. -- document? 11 So the -- the data that I was 12 looking for from Hugh in this particular e-mail 13 was in regards to the 2015 overdose death data. 14 Q. So those data have to do with the 15 conversation we were having earlier before we 16 broke, right? 17 A. They do. 18 Q. Okay. Mr. Shannon is at the Office 19 of Medical Examiner for Cuyahoga County; is 20 that correct? 21 A. That is correct. 22 Q. Do you know what his position is 23 there? 24 A. He's the administrator for the 25 county Medical Examiner's Office.</p>
<p style="text-align: right;">Page 195</p> <p>1 the record. 2 This is the end of Media Unit No. 2. 3 The time is 1:05. 4 (A short recess was taken.) 5 THE VIDEOGRAPHER: We back on the 6 record. 7 This is the beginning of Media Unit 8 No. 3. 9 The time is 2:10. 10 You may proceed, Counsel. 11 MR. BOEHM: Thank you very much. 12 BY MR. BOEHM: 13 Q. Ms. Leppla, welcome back from lunch. 14 A. Thank you. 15 Q. We were looking at Exhibit 9, which 16 is back in front of you, when we broke. And I 17 just want to return our attention to that 18 particular document. 19 We had started at the bottom of the 20 e-mail chain. And now we got to work our way 21 up a little bit to see what else was written. 22 You writ on November 16th, 2016 -- 23 this is on Page 2 of the exhibit -- to Mr. 24 Shannon to ask him about when information is 25 going to be available. You say: "Not trying</p>	<p style="text-align: right;">Page 197</p> <p>1 Q. Do you know if he's a medical 2 doctor? 3 A. It's my understanding that he is 4 not. 5 Q. Okay. When you write that you were 6 not trying to be a pest, just a grant 7 requirement, what are you referring to there? 8 A. I am referring to the fact that I 9 know their office is -- is busy. There is a 10 chance that I had asked for this data once 11 before, and I needed the death data to complete 12 the spreadsheet that we were referring to 13 earlier in a timely fashion to meet the grant 14 requirement. 15 Q. Okay. In the next sentence you 16 write: "I don't need the analyzed numbers. I 17 just need the case/tox reports like you've sent 18 in" -- "in years past." 19 A. Uh-huh. 20 Q. You see that? 21 A. Yes. 22 Q. What distinction are you drawing as 23 between the analyzed numbers and the toxicology 24 reports that have been sent to you in the past? 25 A. So they would provide individual</p>

<p style="text-align: right;">Page 198</p> <p>1 summary case reviews that were on a 2 individualized basis. Following that, after 3 the Medical Examiner's Office had had some time 4 to run the analyses that they would typically 5 run on their numbers, they would then later 6 provide a more comprehensive report on the 7 final rulings of all of those cases. 8 Q. How often did the Office of Medical 9 Examiner provide to you analyzed numbers? 10 A. They provided us with -- with 11 individual numbers on an annual basis. They 12 released more broadly the analyzed numbers to 13 other members of the community as well. And 14 the Board of Health was one of those 15 recipients. 16 Q. Okay. Mr. Shannon writes back to 17 you on December 21st, 2016, several weeks after 18 your e-mail to him, in fact more than a month 19 after. 20 Do you see that? 21 A. Yes. 22 Q. And he writes: "Allisyn, we lost or 23 Epi doctor. And as a result, we will not be 24 able to complete 2015 before the deadline. 25 Therefore, we will not be accepting grant</p>	<p style="text-align: right;">Page 200</p> <p>1 have been establish in a following year as we 2 entered data from the previous year. 3 Q. When he writes "Therefore, we will 4 not be accepting grant funds," what did you 5 understand him to mean by that? 6 A. That they would not move forward in 7 contracting with the Cuyahoga County Board of 8 Health to be a recipient of financial -- of 9 finances from the Ohio Department of Health 10 Injury Prevention Grant. 11 Q. At this time is it correct that the 12 Cuyahoga County Office of Medical Examiner was 13 receiving a grant from the Cuyahoga County 14 Board of Health that was funded by the Ohio 15 Department of Health Injury Prevention Grant? 16 A. The Ohio Department of Health 17 provided that funding to the Cuyahoga County 18 Board of Health. It was then up to the 19 Cuyahoga County Board of Health how to best 20 utilize that funding. And we did provide a 21 small amount of money in funding to the 22 Cuyahoga County Medical Examiner's Office. 23 Q. Do you recall how much money you had 24 -- Cuyahoga County Board of Health provided to 25 the Cuyahoga County Medical Examiner's Office</p>
<p style="text-align: right;">Page 199</p> <p>1 funds." 2 You see that? 3 A. Yes. 4 Q. Do you know what Epi doctor he's 5 referring to? 6 A. That was an employee of the Cuyahoga 7 County Medical Examiner's Office. 8 Q. Somebody who had already been 9 employed and then was no longer employed? 10 A. That is my understanding. 11 Q. Do you know what specific doctor 12 that refers to? 13 A. I do not know who that individual 14 is. 15 Q. When he indicates that he'll not be 16 able to complete the 2015 before the deadline, 17 what did you understand him to mean by that? 18 A. That he would not be able to provide 19 the individual case reviews, as he had done in 20 the past, prior to the deadline that had been 21 established for 2015. 22 Q. What -- and when he says -- 23 A. Or -- I'm sorry. To -- I -- I 24 apologize. 25 To the deadline that probably would</p>	<p style="text-align: right;">Page 201</p> <p>1 for purposes of responding to or addressing in 2 any way the opioid abuse epidemic in the 3 county? 4 MS SACKS: Objection. 5 THE WITNESS: It was a small amount 6 of money that changed slightly year to year 7 within each grant psych. 8 BY MR. BOEHM: 9 Q. Approximately how much money are -- 10 are you referring to? 11 A. Approximately 4- to \$5,000. 12 Q. Okay. Did the Cuyahoga County Board 13 of Health provide grant funds to any other 14 divisions, departments or programs of Cuyahoga 15 County government other than the Ohio -- I'm 16 sorry -- other than the Cuyahoga County Medical 17 Examiner's Office? 18 A. We provided funding to MetroHealth. 19 Q. Do you consider MetroHealth to be a 20 division, department or program of Cuyahoga 21 County? 22 A. I -- I only mention MetroHealth 23 because they are, yeah, our -- our county 24 hospital. 25 Q. For what purpose did Cuyahoga County</p>

<p style="text-align: right;">Page 202</p> <p>1 Board of Health provide a grant to MetroHealth?</p> <p>2 A. We provided a grant to MetroHealth</p> <p>3 because we have had an established relationship</p> <p>4 with employees of MetroHealth who were --</p> <p>5 excuse me -- dedicated to working on the opioid</p> <p>6 crisis.</p> <p>7 MetroHealth also housed the Project</p> <p>8 DAWN program, which was a significant portion</p> <p>9 of -- of our grant activities, as well as, like</p> <p>10 I said, having that established relationship</p> <p>11 with them and knowing the direction that they</p> <p>12 were heading moving forward with their</p> <p>13 programming.</p> <p>14 Q. How much money in grant funds has</p> <p>15 the Cuyahoga County Board of Health provided to</p> <p>16 the MetroHealth system in connection with the</p> <p>17 opioid abuse epidemic in Cuyahoga County?</p> <p>18 A. I -- I couldn't say at this very</p> <p>19 moment. I would have to go back and look at</p> <p>20 our final submission of the budget.</p> <p>21 Q. Can you say approximately?</p> <p>22 A. Are you looking in total or</p> <p>23 annually?</p> <p>24 Q. Either way.</p> <p>25 A. Ballpark figure on an annual basis</p>	<p style="text-align: right;">Page 204</p> <p>1 our submissions. Circle Health Services is</p> <p>2 coming to mind. At this moment, without seeing</p> <p>3 the final submissions of our application, I</p> <p>4 can't say definitively if we moved forward with</p> <p>5 providing them with funding.</p> <p>6 Q. What is Circle Health Services?</p> <p>7 A. Circle Health Services was formerly</p> <p>8 known as the Free Medical Clinic of Greater</p> <p>9 Cleveland. They operate our mobile syringe</p> <p>10 exchange van as well as head up the fentanyl</p> <p>11 test strips that are distributed from our</p> <p>12 syringe exchange van.</p> <p>13 Q. Is Circle Health Services a</p> <p>14 department, division or program of Cuyahoga</p> <p>15 County government?</p> <p>16 A. I -- I'm not sure.</p> <p>17 Q. Has Cuyahoga County Board of Health</p> <p>18 provided grant funds to nongovernmental</p> <p>19 programs, entities or departments for purposes</p> <p>20 of addressing the opioid epidemic in Cuyahoga</p> <p>21 County?</p> <p>22 A. Yes.</p> <p>23 Q. Can you name entities, programs,</p> <p>24 departments that are not part of Cuyahoga</p> <p>25 County government to whom the Cuyahoga County</p>
<p style="text-align: right;">Page 203</p> <p>1 was approximately 15- to \$20,000.</p> <p>2 Q. For what years?</p> <p>3 A. 2014 to 2000 -- through 2018.</p> <p>4 Q. And for what years did the Cuyahoga</p> <p>5 County Board of Health provide an approximately</p> <p>6 4- to \$5,000 grant to the Cuyahoga County</p> <p>7 Office of the Medical Examiner?</p> <p>8 A. For that same duration, from 2014</p> <p>9 through 2018. I do not recall specifically if</p> <p>10 they ended up accepting funding for the 2017 or</p> <p>11 2018 period.</p> <p>12 Q. Other than the 4- to \$5,000 grant to</p> <p>13 the Office of the Medical Examiner for the</p> <p>14 years you just identified --</p> <p>15 A. Uh-huh.</p> <p>16 Q. -- and the 15- to \$20,000 grant</p> <p>17 provided to MetroHealth for the years you just</p> <p>18 identified --</p> <p>19 A. Uh-huh.</p> <p>20 Q. -- has the Cuyahoga County Board of</p> <p>21 Health provided grants to any other program,</p> <p>22 division or department of Cuyahoga County</p> <p>23 government in connection specifically with the</p> <p>24 opioid abuse epidemic in the county?</p> <p>25 A. I would have to go back and look at</p>	<p style="text-align: right;">Page 205</p> <p>1 Board of Health has provided grant funds in</p> <p>2 connection with the opioid abuse epidemic?</p> <p>3 A. Sure. We -- I think we touched on</p> <p>4 briefly earlier the two higher education</p> <p>5 institution, Baldwin Wallace University, Case</p> <p>6 Western Reserve University.</p> <p>7 One or more years we provided</p> <p>8 funding to Recovery Resources. We provided</p> <p>9 funding to a medical resident, Dr. Melanie</p> <p>10 Golumbiewski. And we also provided funding to</p> <p>11 neighboring counties to assist them to elevate</p> <p>12 their opioid-related programming and coalition</p> <p>13 efforts.</p> <p>14 And that --</p> <p>15 Q. How --</p> <p>16 A. -- that may not be an exhaustive</p> <p>17 list.</p> <p>18 Q. There may be more, but those are the</p> <p>19 ones that come to mind?</p> <p>20 A. Correct.</p> <p>21 Q. Okay. Can you say how much funding</p> <p>22 was provided to Dr. Golumbiewski?</p> <p>23 A. It was a small amount, in the</p> <p>24 ballpark of \$3,000.</p> <p>25 Q. Was that a total amount or a per</p>

<p style="text-align: right;">Page 206</p> <p>1 year amount?</p> <p>2 A. Per year.</p> <p>3 Q. For how many years has Cuyahoga</p> <p>4 County Board of Health provided approximately</p> <p>5 \$3,000 in grant funding to Dr. Golumbiewski?</p> <p>6 A. I would have to go back and -- and</p> <p>7 look. Two years comes to mind.</p> <p>8 Q. For what purpose did Cuyahoga County</p> <p>9 Board of Health provide money to Dr.</p> <p>10 Golumbiewski?</p> <p>11 A. Dr. Melanie Golumbiewski was --</p> <p>12 Q. Thank you for the mispronounce --</p> <p>13 thank you for correcting my pronunciation.</p> <p>14 A. Sure.</p> <p>15 Q. Is it Golumbiewski?</p> <p>16 A. Golumbiewski.</p> <p>17 Q. Thank you.</p> <p>18 A. Sure.</p> <p>19 So she was -- when we first</p> <p>20 contracted with her, she was a medical resident</p> <p>21 at University Hospitals. And she had some</p> <p>22 oversight of two distinct departments, one</p> <p>23 being the family medicine residency program and</p> <p>24 the preventive medicine residency program.</p> <p>25 And so she created a field component</p>	<p style="text-align: right;">Page 208</p> <p>1 epidemic in the county?</p> <p>2 A. I can't say definitively right at</p> <p>3 this moment without seeing it.</p> <p>4 Q. Can you tell me approximately how</p> <p>5 much money the Cuyahoga County Board of Health</p> <p>6 has awarded to Recovery Resources in connection</p> <p>7 with the opioid epidemic?</p> <p>8 A. Approximately -- if my memory serves</p> <p>9 me correctly, approximately \$10,000. And that</p> <p>10 was I believe on an annual basis.</p> <p>11 Q. For how many years?</p> <p>12 A. Approximately three.</p> <p>13 Q. Which years?</p> <p>14 A. They would have been -- not in 2014.</p> <p>15 In -- in the middle portion of the grant, 2000</p> <p>16 -- potential '15, '16, '17.</p> <p>17 Q. Okay. And then you also mentioned</p> <p>18 that the Cuyahoga County Board of Health had</p> <p>19 awarded grant funds to some universities --</p> <p>20 A. Yes.</p> <p>21 Q. -- in connection with the opioid</p> <p>22 abuse epidemic in the county.</p> <p>23 Did I understand that correctly?</p> <p>24 A. That is correct.</p> <p>25 Q. Okay. Which universities did</p>
<p style="text-align: right;">Page 207</p> <p>1 that would be an addition to their -- their</p> <p>2 core curriculum that they were required to go</p> <p>3 through with their medical school training.</p> <p>4 And she created this field component</p> <p>5 that would provide them exposure to drug court</p> <p>6 and Project DAWN education and distribution</p> <p>7 sites as well as educating them to the current</p> <p>8 landscape of the opioid epidemic in Cuyahoga</p> <p>9 County.</p> <p>10 Q. Do you know if Dr. Golumbiewski's</p> <p>11 work on behalf of Cuyahoga County Board of</p> <p>12 Health involved any assessment or suggested</p> <p>13 revisions to prescribing guidelines of</p> <p>14 prescription opioids?</p> <p>15 A. So she did conduct a pre- and</p> <p>16 post-assessment with the students that -- that</p> <p>17 went through her curriculum.</p> <p>18 I have not seen her findings for a</p> <p>19 few years at this point. I would need to go</p> <p>20 back and reread her document to determine</p> <p>21 whether or not there were specifically called</p> <p>22 out regarding the prescribing guidelines.</p> <p>23 Q. Okay. How much money did Cuyahoga</p> <p>24 County Board of Health provide to recovery</p> <p>25 resource in connection with the opioid abuse</p>	<p style="text-align: right;">Page 209</p> <p>1 Cuyahoga County Board of Health provide grant</p> <p>2 funds to?</p> <p>3 A. We provided grant funding to Case</p> <p>4 Western Reserve University and Baldwin Wallace</p> <p>5 University.</p> <p>6 Q. For what purpose?</p> <p>7 A. For assessment of the current state</p> <p>8 of potential drug abuse on their campuses, to</p> <p>9 assess the misconceptions of drug abuse on the</p> <p>10 college campuses, as well as to provide details</p> <p>11 on existing programming and resources available</p> <p>12 at each of those universities, as well as</p> <p>13 student and staff education.</p> <p>14 Q. How much money in grant funds has</p> <p>15 Cuyahoga County Board of Health awarded to Case</p> <p>16 Western and -- and Baldwin Wallace universities</p> <p>17 in connection with its efforts to address the</p> <p>18 opioid abuse epidemic in the county?</p> <p>19 A. We -- if I -- if I remember</p> <p>20 correctly, we only partnered with Case Western</p> <p>21 Reserve University in year one of the grant.</p> <p>22 And that was a smaller amount of money that</p> <p>23 actually went to one of the graduate students</p> <p>24 in Case Western Reserve University who was</p> <p>25 embedded in doing this work.</p>

<p style="text-align: right;">Page 210</p> <p>1 He was also a person in long-term 2 recovery. And he worked with us to carry out 3 the deliverables that I had mentioned with 4 that. I want to say that would have been 5 approximately \$3,000. 6 Q. A one-time grant of \$3,000? 7 A. Correct. 8 Q. Okay. Is that the extent of the 9 grant funds provided to Case Western? 10 A. If my memory serves me correctly. 11 Q. Okay. And how about with respect to 12 Baldwin Wallace? 13 A. With Baldwin Wallace, I believe that 14 we contracted with that university for two 15 consecutive years. And that amount of money 16 was funneled through one of their professors. 17 Went -- it's my understanding it went to the 18 university but was directed to one of the 19 professors who was instrumental in -- in 20 implementing the deliverables. 21 I -- I don't recall the specific 22 amount of money. I do remember it being on a 23 smaller side because they felt it didn't 24 justify the work that was being done. 25 Q. Who -- who felt that the work --</p>	<p style="text-align: right;">Page 212</p> <p>1 Q. Do you see that? 2 A. Yes. 3 Q. And the Baldwin Wallace University 4 entry on the very last page of Exhibit 2 5 references an amount of \$1,500. 6 See that? 7 A. Yes. 8 Q. Does that sound right to you? 9 A. I don't know. I can't confirm 10 whether this was the final version that was 11 submitted or that we worked with. But I do see 12 that in this document. 13 Q. Okay. There's also a reference, if 14 you turn back one page, to the amount of money 15 granted to MetroHealth hospital systems. 16 A. Yes. 17 Q. There's a specific reference to a 18 Dr. Joan Papp. 19 Do you see that? 20 A. I do. 21 Q. Who's that? 22 A. Dr. Joan Papp was an emergency room 23 physician who also was their medical director 24 for the Office of Opioid Safety. And she was 25 instrumental in bringing Project DAWN to</p>
<p style="text-align: right;">Page 211</p> <p>1 that it didn't justify the work being done? 2 A. The -- the professor from Baldwin 3 Wallace University, in order to get approval 4 from the university to do the work, felt that 5 the university would want a more significant 6 sum of money for their time to be spent on 7 reaching the deliverables. 8 Q. For how many years did the Cuyahoga 9 County Board of Health provide grant funds to 10 Baldwin Wallace University? 11 A. If my memory serves me correctly, it 12 was two years. 13 Q. Okay. And I was just looking back 14 at Exhibit 2. And on the back of that, the 15 last two pages of the document reference 16 contracts -- if you'd like you can pull it out, 17 but -- but I'm just going to show you here 18 too -- with the Cuyahoga County Medical 19 Examiner's Office, MetroHealth Hospital 20 Systems, something called Young People in 21 Recovery Coordinator -- 22 A. Okay. 23 Q. -- and then Baldwin Wallace 24 University? 25 A. Yes.</p>	<p style="text-align: right;">Page 213</p> <p>1 Cuyahoga County. 2 Q. Why do you say she was instrumental 3 in that regard? 4 A. Dr. Joan Papp has been a great 5 advocate in Northeast Ohio in passage of 6 certain legislation. And she really laid a lot 7 of the groundwork to bring Project DAWN to 8 Cuyahoga County. 9 We were not the original founders of 10 Project DAWN. But she worked very hard to get 11 it here as quickly as possible in Cuyahoga 12 County. 13 Q. And then one thing that you didn't 14 mention but that is listed here is an entry for 15 Young People in Recovery Coordinator. This is 16 on the second-to-last page of Exhibit 2. 17 Do you see that? 18 A. I do. 19 Q. There's a reference to somebody by 20 the name of Mike D'Aegro? 21 A. D'Aegro. 22 Q. It says he's a college graduate 23 student. 24 A. So when I was referring to Case 25 Western Reserve University and that we had</p>

<p style="text-align: right;">Page 214</p> <p>1 partnered with a graduate student from Case 2 Western Reserve University, this is what I was 3 referring to. 4 Q. Okay. And I notice that Circle 5 Health Services isn't on this list. 6 Do you notice that as well? 7 A. I do. This looks like an 8 application, given that the dates of the e-mail 9 that is on here is 2014. So it the appears 10 that this is either a draft or a final version 11 of what was submitted for our year one 12 application. 13 And the partners that we contracted 14 with as well as the amount of funding that was 15 awarded to the -- the subgrantees changed year 16 to year based upon the amount of money that was 17 awarded to us as well as the deliverables that 18 they were going to be working on. 19 Q. Okay. So you've mentioned the 20 Office of the Medical -- let me back up. 21 In terms of grants by the Cuyahoga 22 County Board of Health to other entities, 23 whether they be Cuyahoga County governmental 24 programs or departments or nongovernmental 25 departments or -- or -- or programs, you've</p>	<p style="text-align: right;">Page 216</p> <p>1 Q. Did the Cuyahoga County Board of 2 Health provide grant funds to Discounts Drug 3 Mart in connection with your efforts to make 4 Naloxone more widely available? 5 A. We were not allowed to use the grant 6 dollars for direct service, which would include 7 utilizing those dollars on Naloxone 8 specifically. But we did provide them with a 9 small amount of money in their efforts to -- 10 the time spent and the policy development to 11 get that program implemented systemwide within 12 their pharmacies. 13 Q. How much money did Cuyahoga County 14 Board of Health provide to Discount Drug Mart 15 in connection with Naloxone efforts? 16 A. It was also a small amount. In the 17 ballpark of \$3,000. 18 Q. Was that on an annual basis, or was 19 that a one-time -- one-time deal? 20 A. I cannot recall if that was one or 21 two years. 22 Q. Okay. All right. Any other 23 recipients of CCBH grants that's we've not 24 already discussed? 25 A. In terms of this very specific</p>
<p style="text-align: right;">Page 215</p> <p>1 identified the Office of Medical Examiner; 2 MetroHealth; a couple of university-related -- 3 A. Uh-huh. 4 Q. -- grants, Case Western and Baldwin 5 Wallace; you mentioned Dr. Golumbiewski -- 6 A. Uh-huh. 7 Q. -- and Recovery Resources, right? 8 A. Yes. 9 Q. And you mentioned neighboring 10 counties. 11 A. That is correct. 12 Q. Are there any other recipients of 13 CCBH grants that you can think of with respect 14 to efforts to address the opioid epidemic in 15 the county? 16 A. Yes. Discount Drug Mart was also a 17 recipient of grant dollars. 18 Q. Can you tell us more about that? 19 A. So we partnered with Discount Drug 20 Mart as well as collaborated with MetroHealth 21 and Dr. Joan Papp serving in that role as 22 medical director of Office of Opioid Safety to 23 get Naloxone distribution widespread across the 24 Discount Drug Mart pharmacies in the State of 25 Ohio.</p>	<p style="text-align: right;">Page 217</p> <p>1 Injury Prevention Grant that we're talking 2 about. 3 Q. Well, that was one of my questions. 4 Right now my question is whether or 5 not there were any other grant recipients from 6 CCBH in connection with efforts to address the 7 opioid epidemic in the county that you've not 8 already identified? 9 A. Not that I can recall in this very 10 moment. 11 Q. Okay. So all of the grant 12 recipients from CCBH were -- received those 13 grant funds in connection with the office -- 14 sorry -- the Ohio Department of Health Injury 15 Prevention Grant that had been awarded to CCBH. 16 Do I understand that exactly? 17 A. That is correct. 18 Q. Okay. Were all of the grants that 19 CCBH awarded to other entities in connection 20 with the opioid epidemic in Cuyahoga County 21 funded by and through the Ohio Department of 22 Health Injury Prevention Grant? 23 A. I'm sorry. I don't think I 24 understand the question. 25 MR. BOEHM: Would you mind reading</p>

<p style="text-align: right;">Page 218</p> <p>1 that back to the witness. 2 (The record was read as requested.) 3 THE WITNESS: The funding that came 4 from the Ohio Department of Health -- or I'm 5 sorry -- through the Cuyahoga County Board of 6 Health to the community-based organizations or 7 partners that we just mentioned stemmed from 8 the funding that we received from the Ohio 9 Department of Health. 10 So I think that's a long yes. 11 BY MR. BOEHM: 12 Q. Okay. Just to make sure it's a -- 13 it's a "yes," there were no other sources of 14 revenue that were used for purposes of awarding 15 grants to any of these entities that we've just 16 discussed; is that right? 17 MS SACKS: Objection. 18 THE WITNESS: Not to my knowledge. 19 BY MR. BOEHM: 20 Q. And in this instance, I understand 21 Mr. Shannon to be saying to you they're not 22 going to be accepting grant funds in that year; 23 is that right? 24 A. Yes. 25 Q. And -- and by "they," that's the</p>	<p style="text-align: right;">Page 220</p> <p>1 Ohio Department of Health, I really need you to 2 spend that money." 3 See that? 4 A. Uh-huh. 5 Q. Did I read that correctly? 6 A. Yes. 7 Q. And I notice that you put "really 8 need" in all caps. 9 A. Yes. 10 Q. You wanted to emphasize that? 11 A. I -- I apparently did on the day 12 that I wrote the e-mail. 13 Q. Okay. Why did you want to express 14 to Mr. Shannon that you really needed him to 15 spend the money? 16 A. Because our -- our funds in our 17 budget are set at the very beginning of the 18 year and actually the year prior. We have a -- 19 an ability at the beginning of the year to make 20 a budget revision. 21 However, at the time that he was 22 telling me that he was not going to be able to 23 spend that money, that -- those dollars had 24 already been earmarked for the Cuyahoga County 25 Medical Examiner's Office.</p>
<p style="text-align: right;">Page 219</p> <p>1 Office of the Medical Examiner? 2 A. Yes. That is -- 3 Q. Okay. 4 A. -- the Medical Examiner's Office. 5 And that does not mean that they 6 ceased to do that work. They were still 7 gathering that data and analyzing the data. 8 They just felt, because they couldn't meet the 9 deadlines that had been set forth from the Ohio 10 Department of Health, that it would not be fair 11 to be a recipient of those dollars. 12 Q. Okay. In the next e-mail you 13 respond to Mr. Shannon same day to -- to ask 14 him to I think reconsider. 15 You say -- it's on the first page. 16 A. Okay. 17 Q. There you go. 18 A. Thank you. 19 Q. In the middle of that second 20 paragraph you write: "It's a small amount of 21 funds, \$4,500. And I have no doubt you can 22 invoice us for that amount very easily with the 23 hours that have been spent on this project. At 24 this late in the game with no prior 25 communication on my end to my office or the</p>	<p style="text-align: right;">Page 221</p> <p>1 And it was my understanding that 2 they had already completed the work, spent the 3 hours necessary to justify their hours in -- 4 their time spent on this project. And it was 5 much easier for them to bill us for those 6 hours. 7 We were not permitted, from the Ohio 8 Department of Health, to do a budget revision 9 post the third quarter. And so it would have 10 been a huge red flag through our office and the 11 Ohio Department of Health if, in the fourth 12 quarter, that we were all of a sudden saying 13 that one of our subgrantees could not meet the 14 requirements and the deliverables of the grant. 15 So I -- I was not asking him to do 16 anything that had not already been done. It 17 was a matter of invoicing us for the amount of 18 hours that had already been spent -- 19 Q. He says he's -- 20 A. -- on that activity. 21 Q. -- he wouldn't be able to complete 22 2015 before the deadline, right? 23 A. Providing us with the specific case 24 review sheets. 25 Q. Right.</p>

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1 So he tells you, "I'm not going to
2 be able to do that," right?
3 And -- and his understanding was,
4 because he's not able to do that work, he
5 wouldn't be -- the Office of the Medical
6 Examiner would not be accepting grant funds,
7 right?
8 A. Yes.
9 Q. And you say to him you expect that
10 he's already done enough work to be able to
11 send an invoice for the amount of money of the
12 grant, right?
13 A. Not enough work. He -- this is --
14 these are efforts that Cuyahoga County Medical
15 Examiner's Office had been doing for a period
16 of time prior to us even contracting with them.
17 So this wasn't work that they were
18 doing necessarily in addition to the daily work
19 to meet the -- the grant requirements. It was
20 getting us the data in a timely fashion that
21 lined up with the Ohio Department of Health.
22 Q. It -- it --
23 A. -- deliverables deadline.
24 Q. I'm sorry.
25 Isn't it true that you needed the

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1 overdose cases for 2015 in order to fulfill the
2 grant requirement from the Ohio Department of
3 Health?
4 A. Yes.
5 Q. And Mr. Shannon tells you he can't
6 do that for that year, right?
7 A. Yes.
8 Q. And he -- and you say to him,
9 "That's okay. Just invoice us for the \$4,500
10 because you've already probably done a lot of
11 work."
12 And he says, "Okay. I'll put
13 together an invoice," right?
14 A. Uh-huh.
15 MS SACKS: Objection.
16 BY MR. BOEHM:
17 Q. Does he ever provide to you the 2015
18 data you had requested in connection with the
19 grant requirement from the Ohio Department of
20 Health?
21 A. I don't recall in this very moment.
22 It's my understanding that, yes, he did in that
23 the invoice that indicated specifically the
24 hours that were spent was provided to our
25 office.

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1 If my memory also serves me
2 correctly, I do recall having a conversation
3 with our grant -- grant coordinator from the
4 Ohio Department of Health indicating that that
5 deadline would not have been met but that, as
6 soon as the information would be available, it
7 would be provided to us and subsequently to
8 them.
9 Q. So you're saying you -- you got on
10 the phone with the Ohio Department of Health,
11 and you told them that there was this problem
12 with the Medical Examiner's Office, and -- and
13 they said that would be fine?
14 A. Yes.
15 MS SACKS: Objection.
16 BY MR. BOEHM:
17 Q. Okay. Did you write that in an
18 e-mail?
19 A. I don't recall if that was in an
20 e-mail or a telephone conversation.
21 Q. When you wrote back to Mr. Shannon,
22 had you already cleared with the Ohio
23 Department of Health that it would be fine not
24 to meet this particular grant requirement this
25 year for the Ohio -- I'm sorry -- for the

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1 Cuyahoga County Medical Examiner's Office?
2 MS SACKS: Objection.
3 THE WITNESS: I don't recall which
4 conversation occurred first.
5 BY MR. BOEHM:
6 Q. Well, you can see that Mr. Shannon
7 informed you at 7:43 a.m. that he wouldn't be
8 able to meet the grant requirement. And you
9 wrote back at 9:01 a.m. of the same day telling
10 him that was fine, just to send an invoice.
11 See that?
12 A. Yes.
13 Q. Do you think that, between 7:43 a.m.
14 and 9:01 a.m., you had a conversation with the
15 Ohio Department of Health about the fact that
16 the Cuyahoga County Medical Examiner's Office
17 would not be able to meet this grant
18 requirement?
19 MS SACKS: Objection.
20 THE WITNESS: There's a possibility.
21 I started work between the hours of 8:00 a.m.
22 and 8:30 a.m. typically on most days. So there
23 -- there's a possibility. I don't recall.
24 BY MR. BOEHM:
25 Q. Is that what you think happened?

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1 MS SACKS: Objection.
 2 THE WITNESS: I don't recall.
 3 BY MR. BOEHM:
 4 Q. All right. Let's just go back for a
 5 moment to our discussion of other counties as a
 6 recipient of CCBH grants funded through the
 7 Ohio Department of Health Injury Prevention
 8 Grant.
 9 What neighboring counties did
 10 Cuyahoga County Board of Health provide funds
 11 to in connection with addressing the opioid
 12 abuse epidemic?
 13 A. The first year that we partnered
 14 with neighboring counties it was Trumbull
 15 County and Mahoning County. And the following
 16 year it was Medina County and Lorain County.
 17 Q. How did CCBH go about determining
 18 which counties to provide funds to?
 19 A. That was a decision that was
 20 facilitated by the Ohio Department of Health.
 21 Q. Did the Ohio Department of Health
 22 instruct CCBH about who the appropriate
 23 recipients of these funds should be?
 24 A. They instructed us on certain
 25 deliverables of the grant, certain requirements

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1 that they wanted to be met with those dollars.
 2 And then we were given the flexibility to make
 3 the proper determination who those -- who those
 4 agencies best would be.
 5 Q. Okay. But you indicated that, with
 6 respect to the neighboring counties, perhaps
 7 the Ohio Department of Health was a little bit
 8 more prescriptive; is that right?
 9 A. That is correct.
 10 Q. Do you know why?
 11 A. I do. Because those were
 12 supplemental dollars that were awarded to
 13 Cuyahoga County because they continued to
 14 utilize our program as a model throughout the
 15 state.
 16 And so they provided supplemental
 17 funding that were state dollars that they
 18 wanted us to help reach these neighboring
 19 counties in an attempt to elevate their
 20 programming.
 21 Q. Okay. Well, setting aside the
 22 neighboring counties, did the Ohio Department
 23 of Health mandate or require CCBH to fund the
 24 other governmental and nongovernmental entities
 25 that we've discussed as CCBH grantees?

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1 A. That was not mandated by the Ohio
 2 Department of Health.
 3 Q. Did the Ohio Department of Health
 4 weigh in in any way to provide any kind of
 5 instruction or advice about who the appropriate
 6 recipients would be of the Injury Prevention
 7 Grant funds --
 8 A. Uh-huh.
 9 Q. -- that were going through CCBH?
 10 A. Again, knowing what the intended
 11 outcomes -- the intended desire outcomes were,
 12 we were given that flexibility to -- to choose
 13 those partners. We were required to create and
 14 submit a work plan as well as our contracts,
 15 all that were required to be approved by the
 16 Ohio Department of Health before we could
 17 disburse or dispense any funds or move forward
 18 with the project.
 19 So they had final approval.
 20 Q. Did they have to approve each grant
 21 recipient that CCBH selected in connection with
 22 the grants we've been discussing?
 23 A. Yes.
 24 (Deposition Exhibit 10 was marked
 25 for identification.)

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1 BY MR. BOEHM:
 2 Q. I'm putting a document in front of
 3 you that's been marked as Exhibit 10.
 4 We discussed this document earlier
 5 today. And now we're actually going to look at
 6 it. This is the final report of the Ohio
 7 Prescription Drug Abuse Task Force that was
 8 established by Governor Strickland in early
 9 2010. The report is dated October 2 -- 2010.
 10 Do you see that?
 11 A. Yes.
 12 Q. Have you read this report before?
 13 I think I actually asked you that,
 14 and you said you did read it before, right?
 15 A. I have seen this report before.
 16 I -- I -- I did not read it in its entirety in
 17 one sitting.
 18 Q. Okay. Well, setting -- setting
 19 aside for a moment how many sittings it took
 20 you to read this report, did you read this
 21 report at the time or around the time that it
 22 was issued?
 23 A. Around the time that it was issued.
 24 Q. Okay.
 25 A. And I used it as a reference.

<p style="text-align: right;">Page 230</p> <p>1 Q. What do you mean when you say you 2 used it as a reference? 3 A. I used it as a reference in the 4 sense that -- you know, I don't -- I don't 5 recall sitting down and reading it in its 6 entirety. I -- if I recall correctly, I -- I 7 used particular sections of the document as 8 reference. 9 Q. Okay. I'm going to ask you to turn 10 to Page 21 of this report. Because that's the 11 beginning of a section entitled "How Did This 12 Become an Epidemic?" 13 A. 21? Page 21? 14 Q. 21. Right. 15 Do you see that? 16 A. Yes. 17 Q. Do you recall that this report 18 included a section that addressed the task 19 force's conclusions about how an opioid abuse 20 epidemic was being caused? 21 A. Yes. 22 Q. And there's this graphic at the 23 bottom of Page 21. 24 Do you see that? 25 A. Yes.</p>	<p style="text-align: right;">Page 232</p> <p>1 there's a very good chance. 2 Q. And there are several causes that 3 are identified here as contributing factors to 4 the epidemic, right? 5 A. Yes. 6 Q. Changes in clinical pain management 7 is one. 8 See that? 9 A. Yes. 10 Q. And if you go to the next page, in 11 fact, that's the first one that's specifically 12 addressed in the text. 13 Do you agree that changes in 14 clinical pain management has been a significant 15 contributing factor to the opioid abuse 16 epidemic insofar as it concerns Cuyahoga 17 County? 18 A. In my professional capacity and the 19 partners that we have, it is my understanding 20 that changes in clinical pain management have 21 been a contributing factor. 22 Q. Okay. What is your view about the 23 ways in which changes in clinical pain 24 management have been a contributing factor to 25 the opioid abuse epidemic in Cuyahoga County?</p>
<p style="text-align: right;">Page 231</p> <p>1 Q. Says "Epidemic" in a circle, and 2 then there are various boxes with arrows kind 3 of pointing toward the circle, suggesting that 4 those are various causes of the epidemic, 5 right? 6 A. Yes. 7 Q. Have you seen this graphic before? 8 A. Yes. 9 Q. Have you used a graphic like this or 10 even identical to this in your own 11 presentations on behalf of CCBH? 12 A. Yes. 13 Q. For purposes of your own 14 presentations, is the -- this task force report 15 the source of your own slide decks where you've 16 used a similar graphic? 17 A. I'm sorry. I don't think I 18 understand the question. 19 Q. Yeah. I probably messed it up. 20 I'm asking whether or not, when you 21 used a graphic like this one in your own 22 presentations on behalf of CCBH, was this 2010 23 report from the -- this task force source of -- 24 of -- of you having used it in your own slides? 25 A. I don't recall specifically. But</p>	<p style="text-align: right;">Page 233</p> <p>1 A. Well, I believe that the Intractable 2 Pain Act of the late 1990s that indicated pain 3 as the fifth vital sign created a culture of 4 overprescribing. 5 I think it potentially led to a 6 population of individuals who had a zero pain 7 expectation; who, due to their perceptions in 8 medication being originally prescribed by a 9 physician, that they were safer to consume than 10 an illicit substance. 11 Q. Okay. Let's see if we can break 12 that down just a little bit more. 13 You made a reference to the 14 Intractable Pain Act of the late 1990s, right? 15 A. Uh-huh. 16 Q. What is your understanding about 17 what the Intractable Pain Act did to contribute 18 to the opioid abuse epidemic in the county? 19 A. It's my understanding that it 20 created an environment that allowed for high 21 potency pain medications that typically had 22 been reserved for hospital settings for 23 situations such as end-stage cancer pain to be 24 more readily available in community -- in the 25 hospitals and community-based distribution</p>

<p style="text-align: right;">Page 234</p> <p>1 points.</p> <p>2 Q. Is it your understanding that the --</p> <p>3 that the Intractable Pain Act modified</p> <p>4 prescribing guidelines that licensed physicians</p> <p>5 used in making their judgment about when and</p> <p>6 how to prescribe prescription opioids?</p> <p>7 A. I don't know.</p> <p>8 Q. Okay. I'm just trying to better</p> <p>9 understand how you believe that the changes</p> <p>10 enacted by this piece of legislation impacted</p> <p>11 the opioid epidemic in the county.</p> <p>12 A. Well, in my professional capacity</p> <p>13 and interacting with these professionals and</p> <p>14 hearing their examples of the Intractable Pain</p> <p>15 Act, that that is a specific turning point in</p> <p>16 which increased the amount of high potency</p> <p>17 medications for pain that were available in</p> <p>18 their setting.</p> <p>19 Q. Do you know -- oh, I'm sorry. Go</p> <p>20 ahead.</p> <p>21 A. As well as the patient satisfaction</p> <p>22 surveys that -- that were tied to hospital</p> <p>23 reimbursement. That is also tied into that as</p> <p>24 well.</p> <p>25 Q. Okay. Let's talk about that too.</p>	<p style="text-align: right;">Page 236</p> <p>1 A. The -- the reasons that I shared</p> <p>2 prior were that it facilitated in having an</p> <p>3 increased amount of high potency pain</p> <p>4 medications more readily available in the</p> <p>5 clinic setting.</p> <p>6 Q. How did the Intractable Pain Act</p> <p>7 create or facilitate an environment in which</p> <p>8 prescription opioid medications became more</p> <p>9 available?</p> <p>10 A. It's my understanding, by having</p> <p>11 physicians do everything in their power to</p> <p>12 adequately treat a patient in pain in the --</p> <p>13 the -- the tie and correlation to the patient</p> <p>14 satisfaction surveys.</p> <p>15 Q. And for those who may not be</p> <p>16 familiar with this specific piece of</p> <p>17 legislation, the Intractable Pain Act is a</p> <p>18 piece of legislation that was a past -- that</p> <p>19 was passed by the Ohio general assembly,</p> <p>20 correct?</p> <p>21 A. I do not know.</p> <p>22 Q. You don't know who passed that act?</p> <p>23 A. I don't.</p> <p>24 Q. You don't know if it was a federal</p> <p>25 or state government?</p>
<p style="text-align: right;">Page 235</p> <p>1 But before we move ahead, I want to</p> <p>2 just ask you a few more questions about the</p> <p>3 Intractable Pain Act.</p> <p>4 Do you have an understanding about</p> <p>5 what that legislation did?</p> <p>6 A. Other -- my --</p> <p>7 Q. Let me -- let me ask it a different</p> <p>8 way. That's a little bit confusing, given the</p> <p>9 context --</p> <p>10 A. Uh-huh.</p> <p>11 Q. -- of our conversation.</p> <p>12 What is your understanding about how</p> <p>13 the Intractable Pain Act changed the law?</p> <p>14 A. In terms of how it changed the law,</p> <p>15 I don't know.</p> <p>16 Q. Do you know why it is that the</p> <p>17 Intractable Pain Act has been considered a</p> <p>18 significant contributor to the opioid abuse</p> <p>19 epidemic in Ohio and in Cuyahoga County?</p> <p>20 A. The reasons that I shared</p> <p>21 previously.</p> <p>22 Q. I'm -- I'm sorry.</p> <p>23 Can you just say those for me one --</p> <p>24 I want to make sure I understand your answer on</p> <p>25 that.</p>	<p style="text-align: right;">Page 237</p> <p>1 A. I don't.</p> <p>2 Q. Okay. So if we were to look later</p> <p>3 at some of your slide decks that provide a</p> <p>4 little bit more information, maybe we could get</p> <p>5 an answer to that?</p> <p>6 A. Potentially.</p> <p>7 Q. Do you remember discussing in some</p> <p>8 of your presentations the Intractable Pain Act?</p> <p>9 A. I do.</p> <p>10 Q. And is it -- but you don't recall</p> <p>11 whether or not that came from the Ohio general</p> <p>12 assembly?</p> <p>13 A. I don't.</p> <p>14 Q. Okay. You also mentioned something</p> <p>15 called the fifth vital sign.</p> <p>16 What did you mean by that --</p> <p>17 A. That it recognized pain as a vital</p> <p>18 sign to one's -- to one's life.</p> <p>19 Q. And when you say it recognized it,</p> <p>20 is it your understanding that the Intractable</p> <p>21 Pain Act officially recognized the treatment of</p> <p>22 pain as the fifth vital sign?</p> <p>23 A. That was my understanding.</p> <p>24 Q. Okay. What does it mean to</p> <p>25 recognize the treatment of pain as a fifth</p>

<p style="text-align: right;">Page 238</p> <p>1 vital sign?</p> <p>2 A. I don't know.</p> <p>3 Q. You indicated that you thought that</p> <p>4 the Intractable Pain Act's adoption of the</p> <p>5 treatment of pain as a fifth vital sign had led</p> <p>6 to overprescribing of prescription medications.</p> <p>7 Did I hear you correctly on that?</p> <p>8 A. Yes. That's correct.</p> <p>9 Q. Okay. When you use the term</p> <p>10 "overprescribing," what do you mean by that?</p> <p>11 A. Again, I'm not a physician or a</p> <p>12 medical professional. But through my</p> <p>13 professional capacity and interacting with</p> <p>14 clinicians and other medical professionals, the</p> <p>15 information was shared that prescriptions were</p> <p>16 provided to patients for extended periods of</p> <p>17 times and quantities that potentially would not</p> <p>18 have been justifiable [sic] -- justifiable for</p> <p>19 the procedure or in excess dosages.</p> <p>20 Q. Do you agree that the decision to</p> <p>21 prescribe opioid medication lies with the</p> <p>22 medical practitioner who evaluates a patient?</p> <p>23 MS SACKS: Objection.</p> <p>24 THE WITNESS: I'm not -- I'm not a</p> <p>25 medical professional.</p>	<p style="text-align: right;">Page 240</p> <p>1 and/or family member of the patient.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. In other words, you're saying that</p> <p>4 healthcare providers have a duty to describe to</p> <p>5 patients the benefits and the risks of the</p> <p>6 drugs that are being prescribed.</p> <p>7 Is that fair?</p> <p>8 MS SACKS: Objection.</p> <p>9 THE WITNESS: Can you repeat the</p> <p>10 question.</p> <p>11 BY MR. BOEHM:</p> <p>12 Q. You had mentioned that, in</p> <p>13 connection with the individuals who are</p> <p>14 receiving the -- the drug and the -- and the</p> <p>15 family members.</p> <p>16 What did you mean by that?</p> <p>17 A. I mean that, if -- when I'm talking</p> <p>18 specifically about family members, if it's a</p> <p>19 minor or somebody who may not be of capacity to</p> <p>20 fully understand the type of medication that</p> <p>21 they're receiving from their provider, that</p> <p>22 would be an example when the information would</p> <p>23 be shared with family member or loved one.</p> <p>24 Q. So in other words, doctors, in your</p> <p>25 view, have a duty to discuss with the patients</p>
<p style="text-align: right;">Page 239</p> <p>1 BY MR. BOEHM:</p> <p>2 Q. No. I understand. But you are</p> <p>3 somebody who was the cochair of the Cuyahoga</p> <p>4 County --</p> <p>5 A. Uh-huh.</p> <p>6 Q. -- Opiate Task Force, somebody who</p> <p>7 has presented on topics related --</p> <p>8 A. Uh-huh.</p> <p>9 Q. -- to the opioid abuse epidemic</p> <p>10 many, many times, right?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. So it's in that capacity that</p> <p>13 I'm asking you that question.</p> <p>14 A. Can you repeat the question?</p> <p>15 Q. Sure.</p> <p>16 Do you agree that the decision to</p> <p>17 prescribe opioid medications lies with the</p> <p>18 medical practitioner, that is the licensed</p> <p>19 physician --</p> <p>20 A. Uh-huh.</p> <p>21 Q. -- who evaluates a particular</p> <p>22 patient?</p> <p>23 MS SACKS: Objection.</p> <p>24 THE WITNESS: I do, coupled with --</p> <p>25 with information and awareness by the patient</p>	<p style="text-align: right;">Page 241</p> <p>1 to whom they're prescribing medications the</p> <p>2 risks and the benefits of the drug that's being</p> <p>3 prescribed.</p> <p>4 Fair?</p> <p>5 A. A medical professional, yes.</p> <p>6 Q. Do you agree that doctors cannot</p> <p>7 write a prescription without an individualized</p> <p>8 determination of medical necessity --</p> <p>9 MS. SACKS: Object --</p> <p>10 BY MR. BOEHM:</p> <p>11 Q. -- for each patient?</p> <p>12 MS SACKS: Objection.</p> <p>13 THE WITNESS: I'm sorry. Can you</p> <p>14 please repeat.</p> <p>15 BY MR. BOEHM:</p> <p>16 Q. Sure.</p> <p>17 Do you agree that doctors cannot</p> <p>18 write a prescription without an individualized</p> <p>19 determination of medical need for a particular</p> <p>20 patient?</p> <p>21 MS SACKS: Objection.</p> <p>22 THE WITNESS: I don't have capacity</p> <p>23 to answer that question.</p> <p>24 BY MR. BOEHM:</p> <p>25 Q. That's not something that you've</p>

<p style="text-align: right;">Page 242</p> <p>1 ever learned in your role as the cochair of the</p> <p>2 Cuyahoga County Opiate Task Force or a longtime</p> <p>3 employee of the Cuyahoga County Board of</p> <p>4 Health?</p> <p>5 A. No.</p> <p>6 MS SACKS: Objection.</p> <p>7 BY MR. BOEHM:</p> <p>8 Q. Do you agree that a licensed</p> <p>9 prescriber's decision to prescribe or not to</p> <p>10 prescribe an opioid medication to a particular</p> <p>11 patient depends on information that is specific</p> <p>12 to each patient's medical history and</p> <p>13 condition?</p> <p>14 A. Yes.</p> <p>15 MS SACKS: Objection.</p> <p>16 BY MR. BOEHM:</p> <p>17 Q. Other than the Ohio General</p> <p>18 Assembly, in the form of the Intractable Pain</p> <p>19 Act, are you aware of any other medical</p> <p>20 organizations, governmental bodies or other</p> <p>21 entities that have adopted the treatment of</p> <p>22 pain as the fifth vital sign?</p> <p>23 A. I am not aware.</p> <p>24 Q. Okay. Have you ever heard of the</p> <p>25 Joint Commission?</p>	<p style="text-align: right;">Page 244</p> <p>1 manufacturers of prescription opioid</p> <p>2 medications has been a contributive --</p> <p>3 contributing factor to the opioid abuse</p> <p>4 epidemic in Cuyahoga County?</p> <p>5 A. Not being a marketing professional</p> <p>6 or having specific data here with me at this</p> <p>7 moment to back up that claim, I -- I cannot</p> <p>8 justify, other than speaking from my personal</p> <p>9 and professional experience and -- and seeing</p> <p>10 the ads on a regular basis.</p> <p>11 Q. Okay. As you sit here today, do you</p> <p>12 have a view one way or another about whether or</p> <p>13 not marketing by the manufacturers of</p> <p>14 prescription opioids has been a contributing</p> <p>15 factor to the epidemic in Cuyahoga County?</p> <p>16 A. I cannot make that claim.</p> <p>17 Q. Do you have any knowledge of false</p> <p>18 and misleading statements by manufacturers of</p> <p>19 prescription opioid medications?</p> <p>20 A. I'm sorry. Can you please repeat</p> <p>21 the question.</p> <p>22 Q. Yeah. That was poorly done. Let me</p> <p>23 try again.</p> <p>24 Do you have any knowledge of false</p> <p>25 or misleading statements or advertising by the</p>
<p style="text-align: right;">Page 243</p> <p>1 A. Yes.</p> <p>2 Q. And what is your understanding about</p> <p>3 the Joint Commission?</p> <p>4 A. I -- I don't have much of an</p> <p>5 understanding of their role.</p> <p>6 Q. Okay. All right. We'll -- we'll</p> <p>7 return to some of this a little bit later.</p> <p>8 The next contributing factor that</p> <p>9 was identified by the task force on</p> <p>10 prescription drug overdoses in 2010 is</p> <p>11 marketing by pharmaceutical companies.</p> <p>12 Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. Do you have any views one way or</p> <p>15 another about whether or not marketing by the</p> <p>16 manufacturers of prescription opioids has</p> <p>17 contributed to the opioid abuse epidemic in</p> <p>18 Cuyahoga County?</p> <p>19 A. I -- I can just speak to my personal</p> <p>20 and professional experience and the</p> <p>21 direct-to-consumer marketing that is among us</p> <p>22 from TV, radio, billboards, from a variety of</p> <p>23 media platforms, that -- that we see it often.</p> <p>24 Q. Do you have a view one way or</p> <p>25 another about whether or not marketing by the</p>	<p style="text-align: right;">Page 245</p> <p>1 manufacturers of prescription opioid</p> <p>2 medications in -- in -- in the context of those</p> <p>3 medicines?</p> <p>4 A. No. And not firsthand conversations</p> <p>5 that I have been a part of or privy to.</p> <p>6 Q. Okay. What about -- you kind of --</p> <p>7 I don't know if that was a caveat. You said</p> <p>8 not firsthand.</p> <p>9 My question really is more -- even</p> <p>10 more broad.</p> <p>11 A. Uh-huh.</p> <p>12 Q. Do you have any knowledge about</p> <p>13 false or misleading statements by manufacturers</p> <p>14 of prescription opioid medications insofar as</p> <p>15 it concerns the benefits or risks of those</p> <p>16 medications?</p> <p>17 A. Not with a hundred percent</p> <p>18 certainty, other than that these medications</p> <p>19 were once marketed as being nonaddictive.</p> <p>20 Q. Okay. Let's just see if we can</p> <p>21 break that down a little bit.</p> <p>22 My question to you is, as you sit</p> <p>23 here today, Ms. Leppla, do you have knowledge</p> <p>24 about any false or misleading statements made</p> <p>25 by the manufacturers of prescription opioid</p>

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1 medications in connection with the risks or
2 benefits of those medications?
3 A. No.
4 Q. Okay. And then you said you thought
5 that maybe they had suggested that they were
6 not addictive?
7 Did hear that right?
8 A. Can you please repeat your --
9 Q. I thought that you had maybe thrown
10 in at one -- in -- at the back end of one of
11 your answers the idea that prescription opioid
12 manufacturers have at some point marketed their
13 products as nonaddictive.
14 Did I hear you say that?
15 A. You did.
16 Q. Okay. What is your basis for that
17 statement?
18 A. Conversations that occurred with
19 other professionals, whether it be within the
20 task force or throughout the State of Ohio.
21 Q. What conversations are you thinking
22 of?
23 A. I -- I can't recall specifically.
24 Q. Okay. And you can't think of any
25 actually instances in which manufacturers of

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1 prescription opioids have made claims that
2 their products were not addictive, can you?
3 A. No.
4 Q. Okay. Let's go to the next one on
5 this list here: "Growing use of prescription
6 opioids."
7 Do you see that?
8 A. Yes.
9 Q. Do you agree that the growing use of
10 prescription opioids has in some manner
11 contributed to the opioid abuse epidemic in
12 Cuyahoga County?
13 A. I -- I cannot say definitively.
14 Q. You don't know for sure one way or
15 another?
16 A. I don't.
17 Q. Okay. And then you indicated that
18 direct-to-consumer marketing is something that
19 you've seen.
20 And -- and that shows up as one of
21 the contributing factors that's identified in
22 this report, correct?
23 A. Correct.
24 Q. Okay. Is it your opinion that
25 direct-to-consumer marketing of pharmaceuticals

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1 has in some way contributed to the opioid abuse
2 epidemic in Cuyahoga County?
3 A. Yes.
4 Q. How so?
5 A. I -- I think that having a
6 population of individuals who regularly see
7 advertisement on a variety of media
8 platforms -- either see or hear advertisement
9 on a variety of media platforms, that we may
10 create a environment that is more of the -- the
11 norm as opposed to understanding all of the
12 risks and benefits associated with the
13 medication.
14 Q. When you say "Direct-to-Consumer
15 advertising may create an environment that's
16 more of the norm," I'm not sure I understand
17 what that means.
18 Can you help me?
19 What did you mean by that?
20 A. Yeah. I don't -- I don't think I
21 explained that very good myself.
22 Just -- just an environment where
23 this is -- this is normal and it's accepted and
24 it's -- you know, if a -- if a physician
25 prescribes this type of medication, then it

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1 must be okay because my doctor prescribed it to
2 me; and I saw an advertisement on TV.
3 Q. Do you know of any particular
4 instances of direct-to-consumer marketing of
5 prescription opioids in Cuyahoga County?
6 A. No.
7 Q. We might come back to this one. So
8 don't put it too far away.
9 MS SACKS: Do you need a break?
10 We've been going like two hours. Are you okay?
11 THE WITNESS: I'm good.
12 MR. BOEHM: Okay. I'm going to mark
13 the next document as an exhibit.
14 (Deposition Exhibit 11 was marked
15 for identification.)
16 BY MR. BOEHM:
17 Q. This is a documented I've marked as
18 Exhibit 11 for purposes of your deposition,
19 Ms. Leppla. I'm handing it to you now.
20 And I'll represent, as you can see
21 from the Bates number at the -- in the bottom
22 right-hand corner, this was produced to us by
23 lawyers for the county.
24 It says at the beginning that: "The
25 Cuyahoga County Opiate Task Force, under the

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1 leadership of the Cuyahoga County Board of
 2 Health, has played a significant role in
 3 bringing professionals from drug treatment and
 4 recovery, education, healthcare, mental, law
 5 enforcement and public health together at a
 6 local level to fight the growing epidemic of
 7 opiate abuse."
 8 See that?
 9 A. Yes.
 10 Q. And if you look in the "Background"
 11 section, do you see the third sentence?
 12 Well, let me just back up.
 13 Do you remember this document?
 14 A. I remember an iteration of this
 15 document.
 16 Q. Okay.
 17 A. It doesn't -- yeah. It --
 18 Q. Would you -- I'm sorry.
 19 A. It doesn't look entirely foreign to
 20 me.
 21 Q. Okay. Would you have helped in the
 22 authorship of a document like this?
 23 A. In a document like this, yes. I --
 24 I cannot state specifically, without reading it
 25 more thoroughly, whether or not I assisted in

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1 authoring this one.
 2 Q. Okay. Fair enough.
 3 I wanted to ask you specifically
 4 about the third sentence in the "Background"
 5 section that reads: "The contributing factors
 6 leading to this public health crisis have been
 7 driven by"..."
 8 And then the sentence goes on to
 9 list several factors, correct?
 10 A. Yes.
 11 Q. The first factor that the CCBH
 12 identifies in this document is: "The nation's
 13 culture of a pill-for-everything mind frame."
 14 Do you see that?
 15 A. Yes.
 16 Q. Do you know what that means?
 17 A. It is referring to -- that a culture
 18 has been created for a -- a quick fix or a
 19 quick solution to almost any ailment in the
 20 form of a pill.
 21 Q. That seems to be consistent with
 22 what the conclusions of the 2010 report were
 23 from the governor's task force where they said
 24 that self-medicating habits of baby boomers was
 25 a contributing factor to the opioid abuse

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1 epidemic; is that correct?
 2 MS. SACKS: Objection.
 3 THE WITNESS: Can you re -- restate
 4 the question, please.
 5 BY MR. BOEHM:
 6 Q. Yeah.
 7 The -- the 2010 report that is
 8 Exhibit 10 --
 9 A. Yes.
 10 Q. -- to your deposition identifies as
 11 one of the contributing factors to the opioid
 12 abuse epidemic "self-medicating habits of baby
 13 boomers."
 14 Is that the same idea as what the
 15 CCBH has identified here in -- in saying one
 16 cause is the nation's culture of a
 17 pill-for-everything mind frame?
 18 A. Yes.
 19 MS SACKS: Objection.
 20 THE WITNESS: They -- there seems to
 21 be similarities. I don't know that they have
 22 necessarily mirrored --
 23 MR. BOEHM: Okay.
 24 THE WITNESS: -- that statement.
 25 BY MR. BOEHM:

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1 Q. Do you agree that a cultural
 2 mind-set of self-medicating or the taking a
 3 pill for everything, as you put it here, is a
 4 contributing factor to the opioid abuse
 5 epidemic in the county?
 6 MS SACKS: Objection.
 7 THE WITNESS: I can't say
 8 definitively.
 9 BY MR. BOEHM:
 10 Q. It's written here on the CCBH
 11 document, right?
 12 A. Yes.
 13 Q. Okay. And you don't know if you
 14 agree with that statement or not?
 15 MS SACKS: Objection.
 16 THE WITNESS: I -- I don't know when
 17 this document was -- was created. It was years
 18 ago. I don't remember what the conversations
 19 were that occurred and if I wrote it, if an --
 20 another individual wrote it.
 21 BY MR. BOEHM:
 22 Q. Fair enough.
 23 My -- my question actually,
 24 fortunately, is simpler than that.
 25 My question to you is whether or not

<p style="text-align: right;">Page 254</p> <p>1 you agree with the statement that's written</p> <p>2 here in this CCBH document that a contributing</p> <p>3 factor to the opioid abuse epidemic in the</p> <p>4 county is a culture of a pill-for-everything</p> <p>5 mind frame.</p> <p>6 MS SACKS: Objection.</p> <p>7 THE WITNESS: I cannot say</p> <p>8 definitively.</p> <p>9 BY MR. BOEHM:</p> <p>10 Q. You don't have a view one way or</p> <p>11 another?</p> <p>12 MS. SACKS: Objection.</p> <p>13 THE WITNESS: No.</p> <p>14 BY MR. BOEHM:</p> <p>15 Q. Is this a idea that you've</p> <p>16 identified in your own presentations on the</p> <p>17 opioid abuse epidemic, that there is this</p> <p>18 cultural mind-set toward taking prescription</p> <p>19 medications?</p> <p>20 A. That is likely that that was a part</p> <p>21 of our presentations.</p> <p>22 Q. You wouldn't present facts to</p> <p>23 audiences that you didn't believe yourself,</p> <p>24 would you?</p> <p>25 MS SACKS: Objection.</p>	<p style="text-align: right;">Page 256</p> <p>1 Q. Do you think you would provide</p> <p>2 information or facts or statements in your own</p> <p>3 presentations on the subject of the opioid</p> <p>4 abuse epidemic that you did not yourself agree</p> <p>5 with?</p> <p>6 MS SACKS: Objection.</p> <p>7 THE WITNESS: I can't say</p> <p>8 definitively.</p> <p>9 BY MR. BOEHM:</p> <p>10 Q. Don't know one way or another?</p> <p>11 A. No.</p> <p>12 Q. Okay. The second item that's listed</p> <p>13 here is: "Clinical pain management</p> <p>14 guidelines."</p> <p>15 Do you see that?</p> <p>16 A. Yes.</p> <p>17 Q. Do you agree that clinical pain</p> <p>18 management guidelines have been a contributing</p> <p>19 factor to the opioid abuse epidemic in Cuyahoga</p> <p>20 County?</p> <p>21 A. In the professional capacity in</p> <p>22 which that information had been shared with us.</p> <p>23 Q. I'm not sure what -- what that</p> <p>24 meant.</p> <p>25 Is that a "yes"?</p>
<p style="text-align: right;">Page 255</p> <p>1 THE WITNESS: A lot of the</p> <p>2 presentations I put together. Some I presented</p> <p>3 in public; some I did not. Some I did not</p> <p>4 build the presentation.</p> <p>5 We were a piece in the overall</p> <p>6 puzzle and were operated, you know, in</p> <p>7 alignment with the Ohio Department of Health.</p> <p>8 BY MR. BOEHM:</p> <p>9 Q. But if you disagreed with something</p> <p>10 that was in a slide deck that you were</p> <p>11 presenting, you wouldn't include in your own</p> <p>12 presentation a fact or a statement that you</p> <p>13 thought was false, would you?</p> <p>14 MS SACKS: Objection.</p> <p>15 THE WITNESS: I couldn't say</p> <p>16 definitively.</p> <p>17 BY MR. BOEHM:</p> <p>18 Q. You might do that?</p> <p>19 MS SACKS: Objection.</p> <p>20 THE WITNESS: I couldn't provide an</p> <p>21 example in which I would do that.</p> <p>22 BY MR. BOEHM:</p> <p>23 Q. Okay. Do you think you would?</p> <p>24 MS SACKS: Objection.</p> <p>25 BY MR. BOEHM:</p>	<p style="text-align: right;">Page 257</p> <p>1 A. I can't say definitively.</p> <p>2 Q. Okay. So you don't know one way or</p> <p>3 another whether or not clinical pain management</p> <p>4 guidelines have contributed to the opioid abuse</p> <p>5 epidemic in Cuyahoga County?</p> <p>6 A. Other than information that was</p> <p>7 shared to us by our partners that indicated</p> <p>8 that that was a contributing factor.</p> <p>9 Q. Is that a potential contributing</p> <p>10 factor that you and others at Cuyahoga County</p> <p>11 Board of Health yourselves considered and --</p> <p>12 and -- and made judgments about whether or not</p> <p>13 it was a factor?</p> <p>14 MS SACKS: Objection.</p> <p>15 THE WITNESS: Those were</p> <p>16 conversations that occurred among members of</p> <p>17 the task force.</p> <p>18 BY MR. BOEHM:</p> <p>19 Q. You yourself didn't have a view?</p> <p>20 A. I'm -- I'm not a medical</p> <p>21 professional. I couldn't indicate whether or</p> <p>22 not, in practice, that the clinical pain</p> <p>23 management guidelines were a contributing --</p> <p>24 Q. Okay.</p> <p>25 A. -- factor.</p>

<p style="text-align: right;">Page 258</p> <p>1 Q. But you were a cochair of the</p> <p>2 Cuyahoga County Opiate Task Force, correct?</p> <p>3 A. I was not the cochair.</p> <p>4 Q. Oh, okay. That -- that's right.</p> <p>5 You -- you were only sometimes an</p> <p>6 acting cochair, right?</p> <p>7 A. Correct.</p> <p>8 Q. And you were the head of the Ohio</p> <p>9 Department of Health injury prevention program</p> <p>10 grant that was designed specifically to address</p> <p>11 opioid abuse in the county, right?</p> <p>12 A. It was designed to -- yes, reduce</p> <p>13 opioid abuse --</p> <p>14 Q. Yeah.</p> <p>15 A. -- within our county.</p> <p>16 Q. Okay. So it's in that capacity that</p> <p>17 I'm asking you whether or not, in your view,</p> <p>18 clinical pain management guidelines were a</p> <p>19 contributing factor to the opioid abuse</p> <p>20 epidemic in the county.</p> <p>21 A. In the professional capacity in the</p> <p>22 conversations that occurred, it was indicated</p> <p>23 to me that that was a contributing factor.</p> <p>24 Q. Okay. And if you included, in your</p> <p>25 own presentations and speaking obligations --</p>	<p style="text-align: right;">Page 260</p> <p>1 epidemic in the county?</p> <p>2 A. I don't recall specific</p> <p>3 conversations, but they -- that was a topic of</p> <p>4 discussion through professionals.</p> <p>5 Q. I'm not asking you whether it was a</p> <p>6 topic of conversation.</p> <p>7 I'm asking you whether or not --</p> <p>8 because I've asked you the question --</p> <p>9 A. Uh-huh.</p> <p>10 Q. -- whether you have a view on it.</p> <p>11 You've said you don't. You'd have to -- you</p> <p>12 were just saying what people had told you.</p> <p>13 Now I'm asking you about what people</p> <p>14 told you.</p> <p>15 Understood? Does that make sense?</p> <p>16 A. Understood.</p> <p>17 Q. Okay. So my question to you is</p> <p>18 whether or not health care providers and other</p> <p>19 people in the medical community and public</p> <p>20 health community told you that clinical pain</p> <p>21 management guidelines had in some way</p> <p>22 contributed to the opioid abuse epidemic in</p> <p>23 Cuyahoga County.</p> <p>24 A. I do not recall specific --</p> <p>25 specifically.</p>
<p style="text-align: right;">Page 259</p> <p>1 A. Uh-huh.</p> <p>2 Q. -- about the opioid abuse epidemic</p> <p>3 in Cuyahoga County, this particular factor as</p> <p>4 one that had contributed --</p> <p>5 A. Uh-huh.</p> <p>6 Q. -- that's representative of the fact</p> <p>7 that you believed it, right?</p> <p>8 MS SACKS: Objection.</p> <p>9 THE WITNESS: It was, again, in</p> <p>10 alignment with the Ohio Department of Health</p> <p>11 funding, the document that you were referring</p> <p>12 to from the governor's Opiate Task Force as</p> <p>13 being their final report, and it was utilized</p> <p>14 as a resource.</p> <p>15 I have no basis of saying whether or</p> <p>16 not the -- the clinical pain management</p> <p>17 guidelines, in my professional capacity, other</p> <p>18 than the information that was shared with us</p> <p>19 from medical professionals and medical</p> <p>20 providers as being a contributing factor.</p> <p>21 BY MR. BOEHM:</p> <p>22 Q. Did medical professionals tell you,</p> <p>23 in your professional conversations with them</p> <p>24 about the opioid epidemic in the county, that</p> <p>25 prescribing guidelines had contributed to the</p>	<p style="text-align: right;">Page 261</p> <p>1 Q. You indicated earlier that patient</p> <p>2 satisfaction surveys were a factor that</p> <p>3 contributed to the opioid abuse epidemic in the</p> <p>4 county, right?</p> <p>5 A. Yes.</p> <p>6 Q. Is that your view?</p> <p>7 A. Again, same as the clinical pain</p> <p>8 management guidelines example. This was</p> <p>9 information that was provided to us through</p> <p>10 data and through clinicians and medical</p> <p>11 professionals as being a contributing factor.</p> <p>12 Q. Okay. As somebody who worked at the</p> <p>13 Cuyahoga County Board of Health from 2002, and</p> <p>14 as you testified earlier, from 2006 forward was</p> <p>15 considering the opioid abuse epidemic in the</p> <p>16 county, do you have any views, as you sit here</p> <p>17 today, about what the contributing factors to</p> <p>18 the opioid abuse epidemic in Cuyahoga County</p> <p>19 are?</p> <p>20 MS SACKS: Objection.</p> <p>21 THE WITNESS: I have opinions. I</p> <p>22 know what to be true from the information</p> <p>23 that's been shared with me from data, other</p> <p>24 agencies and other professionals.</p> <p>25 BY MR. BOEHM:</p>

<p style="text-align: right;">Page 262</p> <p>1 Q. Okay. Are you hesitant to express 2 those opinions here today under oath? 3 MS SACKS: Objection. 4 THE WITNESS: Can you rephrase your 5 question. 6 BY MR. BOEHM: 7 Q. Do you have any hesitancy in sharing 8 your opinions about what the contributing 9 factors to the opioid epidemic in Cuyahoga 10 County have been? 11 A. It's not in my professional capacity 12 to say. I mean my -- my role was a convener 13 and a coordinator of these professionals who 14 are living it, breathing it, working in that 15 capacity. 16 I was responsible for convening them 17 together in learning from the information that 18 they were providing. 19 Q. What's your understanding about how 20 clinical patient satisfaction surveys have 21 contributed to the opioid epidemic in Cuyahoga 22 County? 23 A. My understanding in that is that 24 hospital reimbursement was tied to patient 25 satisfaction surveys; and that, if the</p>	<p style="text-align: right;">Page 264</p> <p>1 THE WITNESS: Oh, I'm sorry. 2 MR. BOEHM: No. It's okay. Sorry, 3 Bonnie. It's -- 4 THE REPORTER: Uh-huh. 5 MR. BOEHM: -- it's not always easy 6 to do. 7 BY MR. BOEHM: 8 Q. In what way do you believe that 9 patient satisfaction survey ratings being tied 10 to hospital compensation and reimbursement has 11 contributed to the opioid abuse epidemic in 12 Cuyahoga County? 13 A. It is my understanding that the 14 prescribing patterns of physicians to be able 15 to adequately treat their patients' pain that 16 would allow for the patient to complete a 17 positive patient satisfaction survey would be 18 tied to their reimbursement; and therefore, 19 that physician would want to make their patient 20 happy. 21 Q. Are there any other factors that 22 we've not already addressed that you believe, 23 based on the history of many years of working 24 on the subject of the opioid abuse epidemic at 25 Cuyahoga County, that you believe have</p>
<p style="text-align: right;">Page 263</p> <p>1 physicians did not do everything in their power 2 to adequately treat pain, then reimbursement 3 rates may, you know, be lowered or not received 4 by hospital systems. 5 Q. Who prepared those surveys, the 6 patient satisfaction surveys? 7 A. I don't know. 8 Q. Who made the decision to tie patient 9 satisfaction survey ratings to hospital 10 reimbursement and compensation? 11 A. I don't know. 12 Q. In what way do you think tying 13 together patient satisfaction survey ratings 14 and hospital compensation and reimbursement 15 impacted the opioid abuse epidemic in Cuyahoga 16 County? 17 A. Can you please restate the question. 18 MR. BOEHM: Maybe I'd have Bonnie do 19 it, if that's okay with you. 20 THE WITNESS: Okay with me. 21 MR. BOEHM: Do you want me to do it? 22 Is it? 23 (The record was read as requested.) 24 MR. BOEHM: No, no, no. I'll try it 25 -- I'll try it again.</p>	<p style="text-align: right;">Page 265</p> <p>1 contributed to the abuse epidemic that we've 2 not already discussed here today so far? 3 A. I think the graphic presented in the 4 final report, I think some of the reasons that 5 have been indicated in these presentations have 6 been the main contributing factors -- 7 Q. Okay. 8 A. -- in the epidemic. 9 Q. Are there any other contributing 10 factors that -- that you believe have been 11 material to impacting the opioid abuse epidemic 12 in Cuyahoga County that are not already 13 depicted here on Page 21 of -- 14 A. Do you mind if I -- 15 Q. -- Exhibit 10? 16 A. -- take a moment to look at the 17 document again? 18 Q. Not at all. In fact, I -- I think 19 that's a good idea. 20 A. The only other thing that comes to 21 mind that I'm not seeing in this graphic is 22 co-occurring mental health disorder. 23 Q. Yeah. Thank you for mentioning 24 that. Because that shows up in some of your 25 slides.</p>

<p style="text-align: right;">Page 266</p> <p>1 So can you please describe for us in</p> <p>2 what way you believe that underlying mental</p> <p>3 health illnesses have contributed to the opioid</p> <p>4 abuse epidemic in the county?</p> <p>5 A. Well, not being a mental health</p> <p>6 professional or a medical provider, it is my</p> <p>7 understanding that an individual with a</p> <p>8 co-occurring mental health condition could be</p> <p>9 more inclined to self-medicate.</p> <p>10 And oftentimes there have been</p> <p>11 discussions of -- of really which came first,</p> <p>12 the mental health condition or the substance</p> <p>13 abuse disorder and self-medicating to treat one</p> <p>14 versus the other, which puts them at an</p> <p>15 increased risk for a potentially fatal</p> <p>16 overdose.</p> <p>17 Q. All right. Are there any other</p> <p>18 factors that we've not discussed already today</p> <p>19 that you believe have been material</p> <p>20 contributing factors to the opioid abuse</p> <p>21 epidemic in Cuyahoga County?</p> <p>22 A. None that are coming to mind at this</p> <p>23 very moment.</p> <p>24 Q. Okay.</p> <p>25 MS SACKS: Is this a good time for a</p>	<p style="text-align: right;">Page 268</p> <p>1 Ms. Leppla.</p> <p>2 A. Thank you.</p> <p>3 MR. BOEHM: All right. Let's go off</p> <p>4 the record for just a second. I'm sorry.</p> <p>5 THE VIDEOGRAPHER: We are going off</p> <p>6 the record.</p> <p>7 The time is 3:43.</p> <p>8 (Pause.)</p> <p>9 THE VIDEOGRAPHER: We are going back</p> <p>10 on the record.</p> <p>11 The time is 3:46.</p> <p>12 You may proceed, Counsel.</p> <p>13 MR. BOEHM: Thank you.</p> <p>14 (Deposition Exhibit 12 was marked</p> <p>15 for identification.)</p> <p>16 BY MR. BOEHM:</p> <p>17 Q. Ms. Leppla, I've marked as the next</p> <p>18 exhibit for purposes of your deposition a slide</p> <p>19 deck that I've put in front of you. It's</p> <p>20 Exhibit 12. The title of the slide deck is:</p> <p>21 "Prescription For Prevention. Stop the</p> <p>22 Epidemic."</p> <p>23 Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. And do you see that this is your</p>
<p style="text-align: right;">Page 267</p> <p>1 break?</p> <p>2 We're like two and a half hours in.</p> <p>3 Is that a --</p> <p>4 MR. BOEHM: Yeah. Whatever --</p> <p>5 MS. SACKS: -- good point?</p> <p>6 MR. BOEHM: Yeah. Sure. Whatever</p> <p>7 you --</p> <p>8 MS. SACKS: I don't know if you're</p> <p>9 done with your document.</p> <p>10 MR. BOEHM: Let's go off the record.</p> <p>11 MS. SACKS: Yeah.</p> <p>12 THE VIDEOGRAPHER: We are going off</p> <p>13 the record.</p> <p>14 This is the end of Media Unit No. 3.</p> <p>15 The time is 3:27.</p> <p>16 (A short recess was taken.)</p> <p>17 THE VIDEOGRAPHER: We are back on</p> <p>18 the record.</p> <p>19 This is the beginning of Media Unit</p> <p>20 No. 4.</p> <p>21 The time is 3:43.</p> <p>22 You may proceed, Counsel.</p> <p>23 MR. BOEHM: Thank you.</p> <p>24 BY MR. BOEHM:</p> <p>25 Q. Welcome back from your break,</p>	<p style="text-align: right;">Page 269</p> <p>1 slide deck?</p> <p>2 A. Yes.</p> <p>3 Q. Your name is right there, Allisyn</p> <p>4 Leppla, RS?</p> <p>5 A. Yes.</p> <p>6 Q. What does RS stand for?</p> <p>7 A. Registered sanitarian.</p> <p>8 Q. Okay. And the date of this</p> <p>9 particular slide deck is February 26, 2013.</p> <p>10 See that?</p> <p>11 A. Yes.</p> <p>12 Q. Is this slide deck substantially</p> <p>13 similar to other presentation materials that</p> <p>14 you've used over the course of time that you</p> <p>15 were at CCBH presenting on the subject of the</p> <p>16 opioid abuse epidemic in the county?</p> <p>17 A. Do you --</p> <p>18 MS SACKS: Objection.</p> <p>19 THE WITNESS: Can I have a minute</p> <p>20 to --</p> <p>21 BY MR. BOEHM:</p> <p>22 Q. Yeah. Just flip --</p> <p>23 A. -- to look through it?</p> <p>24 Q. -- through it, and tell me if this</p> <p>25 looks to be substantially the same or similar</p>

<p style="text-align: right;">Page 270</p> <p>1 to presentations you've made on behalf of CCBH 2 about the opioid abuse epidemic in Cuyahoga 3 County. 4 MR. BOEHM: Did we lose -- did 5 somebody push a button? 6 Do we need to go off the record 7 again? It looks like we've lost the phone 8 connection. Doesn't matter to me, but -- 9 THE VIDEOGRAPHER: We are going off 10 the record. 11 The time is 3:48. 12 (A short recess was taken.) 13 THE VIDEOGRAPHER: We are going back 14 on the record. 15 The time is 3:50. 16 You may proceed, Counsel. 17 MR. BOEHM: Thank you very much. 18 BY MR. BOEHM: 19 Q. Ms. Leppla, before we had to go off 20 the record, I showed to you this slide deck 21 from February 6, 2013, entitled "Prescription 22 For Prevention. Stop the Epidemic." 23 And I asked you to look at it and 24 tell us whether or not this was substantially 25 similar to the types of presentations that you</p>	<p style="text-align: right;">Page 272</p> <p>1 A. Yes. 2 Q. And do you stand by that? 3 A. Yes. 4 Q. If you turn to the slide that's 5 entitled "Contributing Factors" -- and if I 6 could give you a number, I would. But 7 unfortunately, the deck itself is not numbered. 8 It's about halfway through. 9 A. Here we go. 10 Q. See "Contributing Factors"? You've 11 to go a couple more. One more, and you're 12 there. 13 A. Okay. 14 Q. See it? 15 A. Yes. 16 Q. Okay. This particular slide of your 17 presentation identifies several contributing 18 factors to the opioid abuse epidemic in the 19 county. 20 Fair? 21 A. Fair. 22 Q. You identify causes under the 23 category of "Supply," causes under the category 24 of "Demand," and -- and causes under the 25 category of "Illegal."</p>
<p style="text-align: right;">Page 271</p> <p>1 made on behalf of CCBH about the opioid abuse 2 epidemic in the county. 3 A. Our presentations and the content of 4 our presentations evolved over time as the 5 information provided us to evolved. 6 A lot of the information looks 7 similar and would have been presented in other 8 presentations but not in its entirety. 9 Q. Okay. Great. 10 And we've been talking a little bit 11 about the contributing factors to the opioid 12 abuse epidemic in the county, right? 13 A. Yes. 14 Q. And we've talked about the fact that 15 you regularly presented on the subject of what 16 the causes were of the epidemic in the county, 17 right? 18 A. Yes. 19 Q. Okay. And indeed, earlier this 20 morning I asked you whether or not you 21 considered it one of your duties and 22 responsibilities in your professional capacity 23 to try and understand the scope and the causes 24 of the opioid abuse epidemic in the county. 25 And you said yes, right?</p>	<p style="text-align: right;">Page 273</p> <p>1 You see that? 2 A. Yes. 3 Q. All right. Well, let's talk first 4 about the categories that you've put under the 5 -- or I'm sorry -- the causes that you have put 6 under the category of supply. Okay? 7 The first thing you say under the 8 supply category is legal. 9 What do you mean by that? 10 A. If my memory serves me correctly, we 11 were specifically referencing prescription drug 12 use and factors that would affect prescription 13 -- the prescribing of these medications. 14 Q. And you identify, under the legal 15 factors that have contributed to the opioid 16 abuse epidemic, growth and overall prescription 17 drug use. 18 You see that? 19 A. Yes. 20 Q. Did you mean to refer to the growth 21 of prescription drug use across all types of 22 drugs, or are you referring specifically here 23 to the growth in prescription opioid use? 24 A. In the nature of the work and what 25 we did, we were primarily focused on</p>

<p style="text-align: right;">Page 274</p> <p>1 prescription opioids.</p> <p>2 Q. Okay. What is your view as to why</p> <p>3 there was growth in the overall use of</p> <p>4 prescription opioid medications?</p> <p>5 A. I think there was an increased</p> <p>6 supply.</p> <p>7 Q. Can you explain what you mean by</p> <p>8 that?</p> <p>9 A. I think that, as the number of</p> <p>10 prescription opioids dispensed increased, there</p> <p>11 -- they were more available in the community</p> <p>12 setting.</p> <p>13 Q. I do want to ask you about that.</p> <p>14 But I don't think -- you can tell me if I'm</p> <p>15 wrong, if that's what you're referring to here.</p> <p>16 You say that there's growth in</p> <p>17 overall prescription drug use, right?</p> <p>18 A. That's what the presentation says.</p> <p>19 Q. Okay. And a -- and a healthcare</p> <p>20 provider doesn't make a decision to prescribe</p> <p>21 or not prescribe a prescription opioid to a</p> <p>22 particular patient based on how much</p> <p>23 prescription opioid there is available down at</p> <p>24 the pharmacy, right?</p> <p>25 MS. SACKS: Objection.</p>	<p style="text-align: right;">Page 276</p> <p>1 It was my role to package this</p> <p>2 information and format it in a way that was</p> <p>3 presentable and digestible to the intended</p> <p>4 audience.</p> <p>5 Q. As part of your efforts to try and</p> <p>6 understand the scope and the causes of the</p> <p>7 opioid abuse epidemic in Cuyahoga County, did</p> <p>8 you speak with experts about that?</p> <p>9 MS SACKS: Objection.</p> <p>10 THE WITNESS: I'm sorry. Can you</p> <p>11 repeat the question.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. Sure.</p> <p>14 As part of your effort to try and</p> <p>15 understand the scope and the causes of the</p> <p>16 opioid abuse epidemic in Cuyahoga County --</p> <p>17 A. Uh-huh.</p> <p>18 Q. -- did you consult and discuss those</p> <p>19 factors with experts?</p> <p>20 MS SACKS: Objection.</p> <p>21 THE WITNESS: That was information</p> <p>22 that was provided to us from our partners, both</p> <p>23 within the task force and partners within the</p> <p>24 Ohio Department of Health grant.</p> <p>25 BY MR. BOEHM:</p>
<p style="text-align: right;">Page 275</p> <p>1 THE WITNESS: I don't know.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. Are you aware of any healthcare</p> <p>4 provider making a decision to prescribe an</p> <p>5 opioid to a patient based on what the volume of</p> <p>6 prescription opioids is available at the local</p> <p>7 pharmacy?</p> <p>8 A. No. I am not.</p> <p>9 MS SACKS: Objection.</p> <p>10 BY MR. BOEHM:</p> <p>11 Q. Because a healthcare provider, in</p> <p>12 making that decision, looks at case-by-case</p> <p>13 factors related to that patient, right?</p> <p>14 MS SACKS: Objection.</p> <p>15 THE WITNESS: That is not something</p> <p>16 that I -- I'm not a healthcare provider.</p> <p>17 BY MR. BOEHM:</p> <p>18 Q. Okay. Why do you believe there was</p> <p>19 growth in the overall use of prescription</p> <p>20 opioids?</p> <p>21 MS SACKS: Objection.</p> <p>22 THE WITNESS: So again, this was</p> <p>23 information that was provided to us from a</p> <p>24 variety of data sources from a variety of</p> <p>25 professionals who are working in this space.</p>	<p style="text-align: right;">Page 277</p> <p>1 Q. And you attend conferences on that</p> <p>2 subject, right?</p> <p>3 A. Yes.</p> <p>4 Q. And experts presented, right?</p> <p>5 A. Yes.</p> <p>6 Q. And you did your very best to try</p> <p>7 and learn as much as you could about the causes</p> <p>8 of the opioid epidemic in the county.</p> <p>9 Is that fair?</p> <p>10 MS SACKS: Objection.</p> <p>11 THE WITNESS: I -- I utilized the</p> <p>12 information that was provided.</p> <p>13 BY MR. BOEHM:</p> <p>14 Q. Ms. Leppla, did you do your very</p> <p>15 best?</p> <p>16 MS SACKS: Objection.</p> <p>17 BY MR. BOEHM:</p> <p>18 Q. -- to try and understand the causes</p> <p>19 of the opioid abuse epidemic in Cuyahoga</p> <p>20 County?</p> <p>21 A. Again, I took the information that</p> <p>22 was provided to me; I packaged it and presented</p> <p>23 it in the parameters of my job.</p> <p>24 Q. It's a simple question.</p> <p>25 Ms. Leppla, did you do your best to</p>

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1 try to understand the causes of the opioid
2 abuse epidemic in Cuyahoga County?
3 MS SACKS: Objection.
4 THE WITNESS: It was -- it was the
5 nature of my job to take the information from
6 the individuals and the professionals that
7 provided it to us and for me to be able the
8 present it to the --
9 BY MR. BOEHM:
10 Q. I need you to --
11 A. -- intended audience.
12 BY MR. BOEHM:
13 Q. -- listen to my question. It's a
14 simple one. I know you understand it.
15 A. Uh-huh.
16 Q. Did you do area best in your
17 capacity?
18 A. Yes.
19 Q. You did your best to try and
20 understand the causes of the opioid abuse
21 epidemic in the county, correct?
22 MS SACKS: Objection.
23 THE WITNESS: Yes. In the capacity
24 of my role.
25 BY MR. BOEHM:

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1 Q. And in the capacity of your role,
2 that meant you were a member of the Cuyahoga
3 County Opiate Task Force, right?
4 A. Yes.
5 Q. And you were the head of the
6 Cuyahoga County Board of Health's efforts to
7 address the opioid abuse epidemic as part of
8 the Ohio Department of Health Injury Prevention
9 Grant, right?
10 A. I was the -- the head of the Ohio
11 Department of Health Injury Prevention Grant.
12 Q. You were the --
13 A. Yes.
14 Q. -- coordinator of that grant.
15 A. Yes.
16 Q. And you indicated in your testimony
17 earlier -- and I can pull it up if we need
18 to -- that that meant you coordinated with
19 partners in the community to try and understand
20 the opioid epidemic, right?
21 A. Yes.
22 Q. You met with healthcare providers,
23 right?
24 A. Yes.
25 Q. You talked with experts about the

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1 causes, right?
2 A. Yes.
3 Q. You even met with members of the
4 Cuyahoga County Medical Examiner's Office and
5 sat on a poison review committee, right?
6 A. Yes.
7 Q. And all of those things informed
8 your views and understandings about what
9 contributed to the Cuyahoga County opioid abuse
10 epidemic, right?
11 MS SACKS: Objection.
12 THE WITNESS: Yes.
13 BY MR. BOEHM:
14 Q. Now, are the contributing factors
15 that we see in your various slide decks about
16 the reasons why there was a Cuyahoga County
17 opioid abuse epidemic consistent or
18 inconsistent with the things that you learned
19 and the things that you discussed with experts
20 when it comes to the question of what caused
21 the epidemic in Cuyahoga County?
22 A. These are consistent.
23 Q. What is your understanding about why
24 there was growth in overall prescription opioid
25 use in Cuyahoga County?

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1 A. My understanding was that there was
2 an increase in the number of opioid medications
3 that were being prescribed and dispensed.
4 Q. Why do you believe there was an
5 increase in the number of prescription opioid
6 medications that were being prescribed by
7 licensed physicians in Cuyahoga County?
8 A. I'm -- I'm not a medical
9 professional. I --
10 Q. I understand.
11 But what's your understanding about
12 why there was an increase in the amount of
13 prescription opioid medications that were being
14 prescribed to patients by licensed physicians?
15 A. My understanding is that there was
16 an increase due to the fact that physicians
17 were trying to adequately satisfy their
18 patients.
19 Q. And when you say healthcare
20 providers were trying to satisfy their
21 patients, and that's what led to the increase
22 in prescribing of prescription opioids, what do
23 you mean?
24 A. I just mean I think that there --
25 there -- I mean there were mechanisms in place,

<p style="text-align: right;">Page 282</p> <p>1 such as the patient satisfaction surveys, 2 that -- that created an environment for 3 physicians to prescribe these medications to 4 their patients. 5 Q. Okay. And let's talk about the 6 second bullet point here. It says: "New 7 clinical guidelines on pain management." 8 What is your understanding about how 9 new clinical guidelines on pain management 10 contributed to the opioid abuse epidemic in 11 Cuyahoga County? 12 A. Looking at that bullet point, new 13 clinical guidelines on proper prescribing -- 14 I'm not -- I -- honestly, I don't remember what 15 that bullet was intending. 16 Q. Does that have to do with treatment 17 of pain as a fifth vital sign? 18 A. I don't recall. 19 Q. Then the third bullet point you have 20 there is: "Pressure to satisfy customers." 21 What does that mean? 22 A. I think that was referring to the 23 patient satisfaction surveys. 24 Q. And if you go on a little bit along 25 the deck, you get to a slide that's entitled:</p>	<p style="text-align: right;">Page 284</p> <p>1 Q. Okay. 2 A. -- about prescribing guidelines on 3 pain [sic] man -- pain management or if I'm 4 talking about the changes that occurred in 5 1998 -- 6 Q. Okay. 7 A. -- with that bullet points. I don't 8 -- 9 Q. Well, let's -- 10 A. -- recall. 11 Q. -- talk about each one at a time. 12 What are the changes in prescribing 13 guidelines that you understand took place in 14 the late 19 -- or the late 2000s that impacted 15 the level of prescribing -- 16 A. I'm sorry. Can you repeat -- 17 Q. -- of prescription opioids? 18 A. Can you repeat the question. 19 Q. What are the changes in -- in 20 prescribing guidelines that took place that 21 impacted the level and volume of prescription 22 opioids that were being prescribed to patients 23 by licensed physicians? 24 A. My understanding of the prescribing 25 guidelines is that they were put in place to</p>
<p style="text-align: right;">Page 283</p> <p>1 "Changes in clinical pain management." 2 You see that? 3 A. Yes. 4 Q. Is that what you had in mind when 5 you had this bullet that said "New clinical 6 guidelines on pain management"? 7 A. I don't recall when this -- 8 Q. Okay. You have a -- 9 A. -- presentation was put together. 10 Q. Ms. Leppla, you have a bullet point 11 right here that -- 12 A. Uh-huh. 13 Q. -- says, among the contributing 14 factors: "New clinical guidelines on pain 15 management." 16 You see that? 17 A. I do. 18 Q. Okay. And then two slides later you 19 have a slide that's entitled "Changes in 20 clinical pain management." 21 Do you see that? 22 A. I do. 23 Q. Okay. Are those related? 24 A. Honestly, I don't know. I don't 25 know if I'm talking --</p>	<p style="text-align: right;">Page 285</p> <p>1 make a positive impact on the number of opioids 2 that were prescribed, meaning that there was a 3 reduction in the number of opioids that were 4 prescribed. 5 Q. Okay. When do you believe those 6 changes took place? 7 A. I don't know. 8 Q. Okay. Well, your slide deck 9 actually refers to 1997, doesn't it? 10 A. The -- you were just asking me about 11 prescribing guidelines. 12 Q. Exactly. 13 Right here you have a slide that's 14 entitled "Changes in clinical pain management." 15 You see that? 16 A. Yes. 17 Q. Okay. And the first thing you write 18 on that slide is "In 1997 changes occurred as a 19 result of pain management advocates." 20 You see that? 21 A. Yes. 22 Q. And then you specifically reference 23 the Intractable Pain Relief Act. 24 Do you see that? 25 A. Yes.</p>

<p style="text-align: right;">Page 286</p> <p>1 Q. And you even provide a citation to</p> <p>2 the Ohio revised code.</p> <p>3 You see that?</p> <p>4 A. Yes.</p> <p>5 Q. "Ohio Revised Code 4731.21, drug</p> <p>6 treatment of intractable pain."</p> <p>7 Do you see that?</p> <p>8 A. Yes.</p> <p>9 Q. I read all that correctly, right?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And this is a slide that's in</p> <p>12 your own slide deck from February 2013,</p> <p>13 correct?</p> <p>14 A. Yes.</p> <p>15 Q. The Intractable Pain Relief Act is</p> <p>16 the piece of legislation that you were</p> <p>17 referring to earlier today in your deposition</p> <p>18 when you said there was a change in the law</p> <p>19 that implemented treatment of pain as the fifth</p> <p>20 vital sign that impacted the amount of</p> <p>21 prescription opioids that were being prescribed</p> <p>22 to patients, right?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. Same piece of legislation,</p> <p>25 right?</p>	<p style="text-align: right;">Page 288</p> <p>1 MS SACKS: Objection.</p> <p>2 THE WITNESS: Again, this was</p> <p>3 information that was -- was shared to me</p> <p>4 from -- with me from a variety of -- of</p> <p>5 sources.</p> <p>6 BY MR. BOEHM:</p> <p>7 Q. Experts, right?</p> <p>8 MS SACKS: Objection.</p> <p>9 THE WITNESS: Or databases.</p> <p>10 BY MR. BOEHM:</p> <p>11 Q. Okay. So this was --</p> <p>12 A. Data sources.</p> <p>13 Q. -- that you got from experts or data</p> <p>14 sources, and then you communicated this</p> <p>15 information to your audiences, right?</p> <p>16 A. Yes.</p> <p>17 Q. And when you presented this slide,</p> <p>18 "Changes in clinical pain management," what did</p> <p>19 you say to people?</p> <p>20 MS SACKS: Objection.</p> <p>21 THE WITNESS: Paraphrasing,</p> <p>22 obviously, because I don't recall specifically</p> <p>23 word for word what I said. But we talked about</p> <p>24 changes that occurred in the late teen -- late</p> <p>25 1990s that led to an increased amount of high</p>
<p style="text-align: right;">Page 287</p> <p>1 A. Yes.</p> <p>2 MS SACKS: Objection.</p> <p>3 BY MR. BOEHM:</p> <p>4 Q. And we see here that this, in fact,</p> <p>5 is an Ohio law that was passed, right?</p> <p>6 A. I see that.</p> <p>7 Q. Okay. Does that refresh your</p> <p>8 recollection that the Intractable Pain Act was</p> <p>9 a piece of legislation from the Ohio General</p> <p>10 Assembly?</p> <p>11 A. Yes.</p> <p>12 Q. In what way do you think that the</p> <p>13 passage of the Intractable Pain Act from 1997</p> <p>14 impacted clinical pain management?</p> <p>15 A. I -- I couldn't say definitively.</p> <p>16 Q. Could you say it any way?</p> <p>17 MS SACKS: Objection.</p> <p>18 BY MR. BOEHM:</p> <p>19 Q. Have you completely forgotten what</p> <p>20 you would talk about when you showed this slide</p> <p>21 to your audiences?</p> <p>22 MS SACKS: Objection.</p> <p>23 THE WITNESS: No.</p> <p>24 BY MR. BOEHM:</p> <p>25 Q. What would you say?</p>	<p style="text-align: right;">Page 289</p> <p>1 potency pain medications that historically had</p> <p>2 been reserved for the hospital setting that</p> <p>3 were now more readily available in the</p> <p>4 community setting and for use in a treatment of</p> <p>5 a variety of conditions.</p> <p>6 BY MR. BOEHM:</p> <p>7 Q. Okay. If you go back to your</p> <p>8 contributing factor slide -- and I see you</p> <p>9 still have it in front of you -- you have a</p> <p>10 section or a bucket called "Illegal."</p> <p>11 Do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. And you say: "Widespread diversion</p> <p>14 through multiple channels."</p> <p>15 You see that?</p> <p>16 A. Yes.</p> <p>17 Q. What is diversion?</p> <p>18 A. I don't -- not being law</p> <p>19 enforcement, I don't know the technical</p> <p>20 definition. But diversion, for our</p> <p>21 understanding, was illegal distribution of a</p> <p>22 substance.</p> <p>23 Q. What are the forms of diversion when</p> <p>24 it came to prescription opioid abuse?</p> <p>25 A. I -- I don't know.</p>

<p style="text-align: right;">Page 290</p> <p>1 Q. How were prescription opioids 2 diverted? 3 You talked about that in your 4 slides, right? 5 MS. SACKS: Objection. 6 BY MR. BOEHM: 7 Q. You have entire slides, Ms. Leppla, 8 that are devoted to the subject of diversion. 9 Many slides. I've seen them. 10 Do you remember that? 11 A. Not specifically. 12 Q. Okay. Do you remember presenting to 13 audiences on behalf of the Cuyahoga County 14 Board of Health on the subject of diversion 15 insofar as it concerns opioid abuse? 16 A. I remember it being a part of the 17 presentations. 18 Q. What is your understanding about 19 what diversion is? 20 A. It's my understanding from diversion 21 that -- what I just previously stated, that the 22 drugs were distributed illegally. 23 Q. What are the ways in which 24 prescription opioid medications can be 25 illegally distributed?</p>	<p style="text-align: right;">Page 292</p> <p>1 THE WITNESS: I don't know 2 definitively. 3 BY MR. BOEHM: 4 Q. Well, you were the head of the 5 Cuyahoga County Opiate Task Force. 6 Did you ever hear of any pill mills 7 in Cuyahoga County in your capacity as the head 8 of the task force on that subject? 9 A. Not that I can recall. 10 MR. BOEHM: Okay. I'm going to mark 11 the next document as Exhibit 13, Ms. Leppla. 12 (Deposition Exhibit 13 was marked 13 for identification.) 14 BY MR. BOEHM: 15 Q. This is an e-mail from -- an e-mail 16 exchange from August 2014 between you and a 17 high school student by the name of Laurel 18 Booth, who was asking you some questions about 19 the opioid abuse epidemic insofar as it 20 concerns Cuyahoga County. 21 Do you remember having such an 22 exchange? 23 A. Not specifically. 24 Q. Okay. She reached out to you with a 25 series of questions, and then you provided</p>
<p style="text-align: right;">Page 291</p> <p>1 A. I -- I don't have an exhaustive 2 list. 3 Q. Well, can you name any? 4 A. Sure. The bullet points on the 5 presentation: through pill mills, through 6 illegal ordering from the Internet, through 7 dealers on the street. 8 Q. What about theft from friend or 9 family? 10 A. Sure. 11 Q. Those are all forms of diversion? 12 A. In my understanding. 13 Q. And diversion is illegal, right? 14 A. Yes. 15 MS SACKS: Objection. 16 BY MR. BOEHM: 17 Q. What's a pill mill? 18 A. I mean I don't know a -- a technical 19 definition. In the case of this presentation, 20 we were talking about and referring to 21 unscrupulous providers providing quantities of 22 pills for potentially nonexistent ailments. 23 Q. Has Cuyahoga County ever had any 24 pill mills? 25 MS SACKS: Objection.</p>	<p style="text-align: right;">Page 293</p> <p>1 answers to those questions in this e-mail 2 exchange. 3 MS SACKS: Do you want to read it? 4 THE WITNESS: Yes. 5 BY MR. BOEHM: 6 Q. And I'm going to direct your 7 attention to some questions in particular. 8 A. Do you mind if I take a moment to 9 read it? 10 Q. Well, let me -- let me ask you the 11 question, and then you can look at what you 12 need in order to answer it. 13 She asked you this question. It's 14 on Page 2. First question she asked you: "Is 15 public awareness still a major issue in 16 Cuyahoga County? Are there groups of people 17 particularly difficult to reach?" 18 Do you see that? 19 A. Yes. 20 Q. Okay. Did you tell Ms. Booth that 21 you were not qualified or knowledgeable enough 22 to answer her questions? 23 A. No. I'm going to take a moment to 24 read -- 25 Q. Okay.</p>

<p style="text-align: right;">Page 294</p> <p>1 A. -- the document.</p> <p>2 Q. Is the answer "no" to that question.</p> <p>3 A. I don't know --</p> <p>4 Q. Okay.</p> <p>5 A. -- without reading it.</p> <p>6 Q. Okay.</p> <p>7 Ms. Leppla, I have some specific</p> <p>8 questions for you.</p> <p>9 MS SACKS: Are you done?</p> <p>10 THE WITNESS: Just about.</p> <p>11 Okay.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. Did you tell Ms. Booth that you were</p> <p>14 not qualified or knowledgeable enough to answer</p> <p>15 her questions?</p> <p>16 A. No.</p> <p>17 Q. Okay. You answered them, right?</p> <p>18 A. Yes.</p> <p>19 Q. Okay.</p> <p>20 A. To the best of my ability.</p> <p>21 Q. Yeah.</p> <p>22 You tried to be as honest and</p> <p>23 accurate as you could be?</p> <p>24 MS SACKS: Objection.</p> <p>25 THE WITNESS: Yes, with the</p>	<p style="text-align: right;">Page 296</p> <p>1 A. Yes.</p> <p>2 Q. So you told Ms. Booth, in a private</p> <p>3 e-mail exchange from August 2014, that you</p> <p>4 thought that the -- there were changes in -- in</p> <p>5 prescribing guidelines set into motion in 1997,</p> <p>6 right?</p> <p>7 A. Yes.</p> <p>8 Q. And that you thought that had</p> <p>9 contributed to the opioid epidemic in Cuyahoga</p> <p>10 County, right?</p> <p>11 A. Yes.</p> <p>12 Q. And you stand by that here today?</p> <p>13 MS SACKS: Objection.</p> <p>14 THE WITNESS: Yes. In my capacity</p> <p>15 of my role and the information that I had, I --</p> <p>16 MR. BOEHM: Yeah.</p> <p>17 THE WITNESS: -- stand by that</p> <p>18 statement.</p> <p>19 BY MR. BOEHM:</p> <p>20 Q. Yeah.</p> <p>21 Now, Ms. Leppla, we can't ask you to</p> <p>22 be something that you're not.</p> <p>23 A. Uh-huh.</p> <p>24 Q. And nobody's ever asking you to do</p> <p>25 that. I know you keep saying that in your</p>
<p style="text-align: right;">Page 295</p> <p>1 information that I had at that time.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. And you tried to be as forthright</p> <p>4 and forthcoming as you could be, right?</p> <p>5 A. Yes.</p> <p>6 MS SACKS: Objection.</p> <p>7 BY MR. BOEHM:</p> <p>8 Q. You wrote, in response to her first</p> <p>9 question, starting with the fourth sentence:</p> <p>10 "Changes that occurred in the healthcare</p> <p>11 setting in 1997 led to an increase in high</p> <p>12 potency pain pills. Physicians have been</p> <p>13 prescribing high quantity of opiates to treat</p> <p>14 pain. Historically, they have also been</p> <p>15 difficult to reach. New laws and proper</p> <p>16 prescribing guidelines, as well as some of the</p> <p>17 work we are doing here with MetroHealth land UH</p> <p>18 are helping to change that."</p> <p>19 You see that?</p> <p>20 A. Forgive me. What page are you on?</p> <p>21 Q. It's the first question that she</p> <p>22 asked you and then your answer to it. It's on</p> <p>23 the second page of this exhibit.</p> <p>24 A. Okay.</p> <p>25 Q. You see that?</p>	<p style="text-align: right;">Page 297</p> <p>1 answer. And -- and I just want to be clear.</p> <p>2 Because we -- I think we ought to just get past</p> <p>3 it.</p> <p>4 We're --</p> <p>5 A. Yeah.</p> <p>6 Q. We're just asking you, based on what</p> <p>7 you know as somebody who was at the Cuyahoga</p> <p>8 County Board of Health since 2002, who was</p> <p>9 charged with being the head of the Ohio</p> <p>10 Department of Health Injury Prevention Grant,</p> <p>11 who was focused on trying to understand the</p> <p>12 opioid abuse epidemic in Cuyahoga County since</p> <p>13 2006.</p> <p>14 But -- but we're not asking you to</p> <p>15 be somebody that you're not. Okay?</p> <p>16 Is that fair?</p> <p>17 A. That's fair.</p> <p>18 Q. Okay. And it was your understanding</p> <p>19 and is your understanding that changes in the</p> <p>20 prescribing guidelines have contributed to the</p> <p>21 opioid abuse epidemic in the county, right?</p> <p>22 A. Yes.</p> <p>23 Q. And you stand by that here today?</p> <p>24 A. Yes.</p> <p>25 Q. You said earlier that you have heard</p>

<p style="text-align: right;">Page 298</p> <p>1 of the Joint Commission.</p> <p>2 A. I've heard of them.</p> <p>3 Q. Do you know what Joint Commission</p> <p>4 is?</p> <p>5 A. No.</p> <p>6 Q. How have you heard of the Joint</p> <p>7 Commission?</p> <p>8 A. I don't recall specifically.</p> <p>9 Q. Have you heard of the VA?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. Do you know whether the VA</p> <p>12 adopted the treatment of pain as the fifth</p> <p>13 vital sign?</p> <p>14 A. I don't know.</p> <p>15 Q. Do you know whether the Joint</p> <p>16 Commission adopted the treatment of pain as the</p> <p>17 fifth vital sign?</p> <p>18 A. I don't.</p> <p>19 Q. Do you know whether any other</p> <p>20 medical organizations or accrediting</p> <p>21 institutions adopted the treatment of pain as a</p> <p>22 fifth vital sign?</p> <p>23 A. I don't.</p> <p>24 Q. Do you agree that undertreatment of</p> <p>25 pain was broadly recognized by the medical</p>	<p style="text-align: right;">Page 300</p> <p>1 Q. Do you know whether or not medical</p> <p>2 schools taught the concept of treating pain as</p> <p>3 a fifth vital sign?</p> <p>4 A. I do not know the medical school</p> <p>5 curriculum.</p> <p>6 Q. You have talked, though, at length</p> <p>7 about ensuring that physicians and other</p> <p>8 healthcare providers were being appropriately</p> <p>9 trained when it came to the treatment of pain,</p> <p>10 right?</p> <p>11 A. Yes.</p> <p>12 Q. We talked about that as one of the</p> <p>13 deliverables in connection with the Ohio</p> <p>14 Department of Health Injury Prevention Grant,</p> <p>15 right?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. In what way did the CCBH, and</p> <p>18 you as the head of the Ohio Department of</p> <p>19 Health Injury Prevention Grant for CCBH,</p> <p>20 attempt to educate physicians and other</p> <p>21 healthcare providers about the treatment of</p> <p>22 pain?</p> <p>23 A. The Cuyahoga County Board of Health</p> <p>24 did not attempt to educate providers. We</p> <p>25 partnered with experts within that field who</p>
<p style="text-align: right;">Page 299</p> <p>1 community as a legitimate and serious public</p> <p>2 health problem in the 1990s and the 2000?</p> <p>3 MS SACKS: Objection.</p> <p>4 THE WITNESS: Can you please repeat</p> <p>5 the question.</p> <p>6 BY MR. BOEHM:</p> <p>7 Q. Sure.</p> <p>8 Do you agree that undertreatment of</p> <p>9 pain was broadly recognized in the medical</p> <p>10 community as a legitimate and serious public</p> <p>11 health problem during the 1990s and in the</p> <p>12 2000s?</p> <p>13 MS SACKS: Objection.</p> <p>14 THE WITNESS: I don't know.</p> <p>15 BY MR. BOEHM:</p> <p>16 Q. Okay. That's not something you ever</p> <p>17 remember hearing about?</p> <p>18 A. (Witness shaking head.) No.</p> <p>19 Q. What's your understanding as to why</p> <p>20 the Ohio General Assembly passed the</p> <p>21 Intractable Pain Act of 1997?</p> <p>22 A. I --</p> <p>23 MS. SACKS: Objection.</p> <p>24 THE WITNESS: I don't know.</p> <p>25 BY MR. BOEHM:</p>	<p style="text-align: right;">Page 301</p> <p>1 had the capacity and credentialing to educate</p> <p>2 providers.</p> <p>3 Q. Okay. And -- and what were the</p> <p>4 changes in treatment standards that you with</p> <p>5 the partner experts were advancing?</p> <p>6 A. I'm sorry. Can you please repeat.</p> <p>7 Q. Sure.</p> <p>8 What were the specific changes in</p> <p>9 the treatment of pain that you and your partner</p> <p>10 experts were advancing in the community in</p> <p>11 terms of the treatment of pain?</p> <p>12 A. I -- I don't recall specifically.</p> <p>13 For example, we talked about earlier the</p> <p>14 functionality that was built into their ER to</p> <p>15 monitor prescribing patterns of their patients.</p> <p>16 Another topic that physicians educated on was</p> <p>17 signs and symptoms potentially of those that</p> <p>18 could be drug seeking.</p> <p>19 Those are two examples.</p> <p>20 Q. So how would a doctor, just by way</p> <p>21 of example, try to figure out whether or not a</p> <p>22 patient was doctor shopping or drug seeking?</p> <p>23 A. You know, I -- I -- I don't know</p> <p>24 specifically, other than that there were</p> <p>25 techniques and interview skills and techniques</p>

<p style="text-align: right;">Page 302</p> <p>1 that they utilize as well as utilizing the</p> <p>2 OARRS system to be able to make a professional</p> <p>3 judgment.</p> <p>4 Q. Okay. In your view, do licensed</p> <p>5 physician who have prescribed opioid</p> <p>6 medications in or around Cuyahoga County</p> <p>7 contributed in any way to the opioid abuse</p> <p>8 epidemic in the county?</p> <p>9 A. I don't know. I saw data that</p> <p>10 indicated that, as an increase in the number of</p> <p>11 opioid medications were dispensed, there was a</p> <p>12 direct correlation with an increase in the</p> <p>13 number of fatalities.</p> <p>14 Q. Do you agree that, without medical</p> <p>15 records of a specific individual, it's</p> <p>16 impossible to determine if any specific</p> <p>17 prescription was medically proper or --</p> <p>18 MS. SACKS: Objection.</p> <p>19 BY MR. BOEHM:</p> <p>20 Q. -- improper?</p> <p>21 MS SACKS: Objection.</p> <p>22 THE WITNESS: I'm sorry. Can you</p> <p>23 please repeat.</p> <p>24 MR. BOEHM: Yeah. Sure. I wasn't</p> <p>25 quite done when the objection arrived. So let</p>	<p style="text-align: right;">Page 304</p> <p>1 MS. SACKS: I didn't under --</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. -- has the Cuyahoga County Board of</p> <p>4 Health had any formal responsibility in</p> <p>5 overseeing doctor prescribing practices?</p> <p>6 A. Formal overseeing, no. In the sense</p> <p>7 of partnering with those organization who have</p> <p>8 formal oversight, yes. We do not have</p> <p>9 oversight, "we" meaning the Cuyahoga County</p> <p>10 Board of Health.</p> <p>11 Q. Okay. In what way has the Cuyahoga</p> <p>12 County Board of Health, formally or</p> <p>13 informally --</p> <p>14 A. Uh-huh.</p> <p>15 Q. -- or in partnership or on its</p> <p>16 own --</p> <p>17 A. Uh-huh.</p> <p>18 Q. -- had responsibility for impacting</p> <p>19 doctor prescribing practices?</p> <p>20 A. Within the partnership of</p> <p>21 MetroHealth and the practices that they</p> <p>22 implemented with their health system and the</p> <p>23 information that was shared with us at that</p> <p>24 time.</p> <p>25 Q. Do you believe that pharmacists who</p>
<p style="text-align: right;">Page 303</p> <p>1 me say that from the start.</p> <p>2 MS. SACKS: I'm sorry.</p> <p>3 MR. BOEHM: That's okay.</p> <p>4 BY MR. BOEHM:</p> <p>5 Q. Do you agree that, without medical</p> <p>6 records of a specific individual or patient, it</p> <p>7 is not possible to determine if any specific</p> <p>8 prescription written by a licensed physician</p> <p>9 was medically improper?</p> <p>10 MS SACKS: Objection.</p> <p>11 THE WITNESS: I -- I can't say.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. You don't know one way or another?</p> <p>14 A. No.</p> <p>15 Q. Has the Cuyahoga County Board of</p> <p>16 Health had any formal responsibility in</p> <p>17 overseeing doctor prescribing practices?</p> <p>18 MS. SACKS: Was that the end?</p> <p>19 MR. BOEHM: Uh-huh.</p> <p>20 MS SACKS: Objection.</p> <p>21 THE WITNESS: I'm --</p> <p>22 MR. BOEHM: What's the basis of that</p> <p>23 objection?</p> <p>24 BY MR. BOEHM:</p> <p>25 Q. My question is --</p>	<p style="text-align: right;">Page 305</p> <p>1 have dispensed prescription opioid medications</p> <p>2 in or around Cuyahoga County by filling</p> <p>3 prescriptions from licensed physicians have</p> <p>4 responsibility for the opioid abuse epidemic in</p> <p>5 the county?</p> <p>6 A. I can't say definitively.</p> <p>7 Q. Do you have a view?</p> <p>8 A. Can you repeat the question, please.</p> <p>9 Q. Sure.</p> <p>10 Do you believe that pharmacists who</p> <p>11 have dispensed opioid medications in or around</p> <p>12 Cuyahoga County by filling prescriptions from</p> <p>13 licensed physicians share in the responsibility</p> <p>14 for the opioid abuse epidemic in Cuyahoga</p> <p>15 County?</p> <p>16 A. Again, not in my professional</p> <p>17 capacity to be able to adequately answer that</p> <p>18 question.</p> <p>19 Q. Do you have a view?</p> <p>20 A. Yes.</p> <p>21 Q. What is your view?</p> <p>22 A. I think that they are responsible</p> <p>23 for filling the prescription. It's my</p> <p>24 understanding that they also have access to the</p> <p>25 OARRS database.</p>

<p style="text-align: right;">Page 306</p> <p>1 I don't know that to be factual</p> <p>2 though. That's my understanding from --</p> <p>3 Q. Okay.</p> <p>4 A. -- information that was shared with</p> <p>5 me.</p> <p>6 Q. Okay. You know prescribing</p> <p>7 physicians have access to the OARRS database,</p> <p>8 right?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Who else is -- has access to</p> <p>11 the OARRS database?</p> <p>12 A. I do know that the Cuyahoga County</p> <p>13 Medical Examiner's Office had access. I -- I</p> <p>14 don't recall of others.</p> <p>15 Q. Okay. Do you believe that the</p> <p>16 scientists and medical doctor at the Food and</p> <p>17 Drug Administration have responsibility for the</p> <p>18 opioid abuse epidemic in Cuyahoga County?</p> <p>19 MS. SACKS: Objection.</p> <p>20 THE WITNESS: Can you please repeat.</p> <p>21 BY MR. BOEHM:</p> <p>22 Q. Sure.</p> <p>23 Do you believe that the scientists</p> <p>24 and medical doctors at the Food and Drug</p> <p>25 Administration have responsibility for the</p>	<p style="text-align: right;">Page 308</p> <p>1 Q. Do you have any understanding at all</p> <p>2 about what role, if any, wholesale drug</p> <p>3 distributors have had in connection with the</p> <p>4 use of prescription opioids in the United</p> <p>5 States?</p> <p>6 A. No.</p> <p>7 Q. Have you ever heard of Cardinal</p> <p>8 Health?</p> <p>9 A. Yes.</p> <p>10 Q. What is -- what is your</p> <p>11 understanding and what do you know about</p> <p>12 Cardinal Health?</p> <p>13 A. It's my understanding that they were</p> <p>14 a manufacturer of medications. And I also know</p> <p>15 that they were an agency that provided funding</p> <p>16 for some community agencies that we also worked</p> <p>17 with.</p> <p>18 Q. What medications do you believe</p> <p>19 Cardinal Health manufacturers?</p> <p>20 A. I don't know.</p> <p>21 Q. Okay. Have you ever heard of</p> <p>22 McKesson?</p> <p>23 A. Yes.</p> <p>24 Q. What do you know about McKesson?</p> <p>25 A. I don't know anything like in detail</p>
<p style="text-align: right;">Page 307</p> <p>1 opioid abuse epidemic in Cuyahoga County?</p> <p>2 A. I don't know.</p> <p>3 Q. You don't have a view on that?</p> <p>4 A. No.</p> <p>5 Q. Okay. Do you know what the drug --</p> <p>6 the United States Drug Enforcement Agency is?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. Do you know what the</p> <p>9 responsibilities of the United States DEA are?</p> <p>10 A. No.</p> <p>11 Q. Do you know what role the DEA plays</p> <p>12 in the context of regulating controlled</p> <p>13 substances, including prescription opioids?</p> <p>14 A. No.</p> <p>15 Q. Do you have a view as to whether or</p> <p>16 not the United States Drug Enforcement Agency</p> <p>17 has responsibility for the opioid abuse</p> <p>18 epidemic in Cuyahoga County?</p> <p>19 A. No.</p> <p>20 Q. You -- you have no view?</p> <p>21 A. I do not.</p> <p>22 Q. Do you know what the role of</p> <p>23 wholesale drug distributors is in the delivery</p> <p>24 of healthcare in the United States?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 309</p> <p>1 about McKesson. I've -- I've heard of</p> <p>2 McKesson. I don't know specifics.</p> <p>3 Q. What have you heard about McKesson?</p> <p>4 A. I don't know if they're a</p> <p>5 manufacturer or a distributor.</p> <p>6 Q. Okay. Have you ever heard of</p> <p>7 AmerisourceBergen?</p> <p>8 A. No.</p> <p>9 Q. Are you aware of any specific</p> <p>10 misconduct on the part of wholesale drug</p> <p>11 distributors in -- in Cuyahoga County in the</p> <p>12 context of the opioid abuse epidemic?</p> <p>13 A. No.</p> <p>14 Q. Do you believe that the county</p> <p>15 itself shares responsibility for the opioid</p> <p>16 abuse epidemic?</p> <p>17 A. I'm sorry. Can you please repeat.</p> <p>18 Q. Sure.</p> <p>19 Do you believe that the county</p> <p>20 itself shares responsibility for the opioid</p> <p>21 abuse epidemic?</p> <p>22 A. No.</p> <p>23 Q. You indicated earlier today that it</p> <p>24 was your feeling that, while the Cuyahoga</p> <p>25 County Board of Health was trying to increase</p>

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1 awareness within county government and outside
 2 of county government --
 3 A. Uh-huh.
 4 Q. -- that that was a difficult
 5 process.
 6 Do you remember giving that
 7 testimony?
 8 A. Yes.
 9 Q. That it took a while to get people
 10 to understand what was happening, right?
 11 A. Yes.
 12 Q. In retrospect, do you believe that
 13 the county could have done things differently
 14 in a way that would have alleviated the opioid
 15 epidemic within Cuyahoga County?
 16 A. I think this was a rapidly evolving
 17 epidemic. I think the information was changing
 18 weekly, if not daily, The information that was
 19 provided to us. I think we acted accordingly
 20 in -- at a time when the information was
 21 provided to us.
 22 Q. Okay. You're talking -- when you
 23 say about "us" and "we," are you talking about
 24 the Cuyahoga County Board of Health?
 25 A. I'm talking about the Cuyahoga

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1 County Board of Health and the partners that
 2 were involved in the Opiate Task Force.
 3 Q. Okay. So my question right now is a
 4 little bit different than that. I'm asking you
 5 about the county overall.
 6 A. Uh-huh.
 7 Q. And my question to you is, sitting
 8 here today, in retrospect, do you believe that
 9 Cuyahoga County could have made different
 10 decision or done things differently in a way
 11 that would have mitigate the impact of the
 12 opioid abuse epidemic in the county?
 13 A. I think we always want tomorrow to
 14 be better than today. I think we took -- "we"
 15 meaning board and its partners -- took the
 16 information that we had and acted with the
 17 information that was provided to us.
 18 Q. Respectfully, you still haven't
 19 answered my question. Because my question is
 20 about the county.
 21 A. Uh-huh.
 22 Q. And my question to you, once again,
 23 is, sitting here today, in retrospect, do you
 24 believe that the county could have made
 25 different decisions or done things differently

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1 in a way that would have mitigated the opioid
 2 abuse epidemic in the county?
 3 A. My answer is, again, going to be a
 4 longer answer. I think we can always do things
 5 differently in retrospect to make changes.
 6 Q. Hindsight is 20/20, right?
 7 A. Hindsight is 20/20.
 8 Q. Okay. But imagine if we could go
 9 back in time, with the benefit of hindsight,
 10 which of course we don't have --
 11 A. Uh-huh.
 12 Q. -- what do you believe the county
 13 could have done differently or sooner in order
 14 to address the opioid abuse epidemic in
 15 Cuyahoga County?
 16 A. You know, my -- my -- and I think I
 17 shared this earlier. I think we've always felt
 18 privileged in Cuyahoga County that we've had
 19 excellent collaboration and buy-in from our
 20 community partners. I feel that everybody
 21 approached it in a timely fashion. That was my
 22 experiencing, that we acted accordingly with
 23 the information that we had.
 24 There was a lot of effort within
 25 Cuyahoga County that -- and resources that were

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1 dedicated to this issue. A few examples of
 2 that would be the creation and formation of the
 3 MetroHealth Office of Opioid Safety, the
 4 formation of the Project DAWN Naloxone
 5 education and distribution program, the syringe
 6 exchange, research into determining if
 7 expansion of syringe exchange was possible,
 8 drug dropbox efforts, public awareness
 9 campaigns.
 10 I feel that we acted accordingly and
 11 in a timely fashion with the information and
 12 resources that we had.
 13 Q. Okay. Do you remember what my
 14 question was?
 15 A. Yes. But if you could repeat it,
 16 that would be helpful.
 17 Q. Sure.
 18 In retrospect, with 20/20 hindsight,
 19 is there anything that you think Cuyahoga
 20 County could have done differently to address
 21 the opioid epidemic; or do you they -- their
 22 conducted, even in retrospect, was spotless and
 23 perfect?
 24 A. I think, in retrospect -- I mean no
 25 one's conduct was spotless and perfect. This

<p style="text-align: right;">Page 314</p> <p>1 was a new epidemic. No one really knew what we 2 were doing. There weren't a lot of 3 evidence-based programs to go by off of. It 4 was honestly by trial and error that we were 5 combatting this issue. 6 I don't know -- to answer your 7 question, I don't know specifically what they 8 could have done differently to address the 9 issue. 10 Q. Okay. Fair to say, though, that the 11 opioid abuse epidemic in Cuyahoga County and 12 outside of it is an extraordinary complex set 13 of issues. 14 Is that fair? 15 A. That's fair. 16 Q. And we've talked about many of the 17 contributing factors, and there are many 18 more -- 19 A. Yes. 20 Q. -- that we could talk about. 21 Is that fair? 22 A. That is fair. 23 Q. And I'm going to ask you about some 24 more. 25 Would you be able to, sitting here,</p>	<p style="text-align: right;">Page 316</p> <p>1 responsibility. I think the State of Ohio 2 shared the data that they had at that time and 3 acted accordingly with the information that was 4 at their disposal. 5 Q. We talk earlier today about how in 6 1998 the Ohio -- 1997 or 1998 the Ohio General 7 Assembly passed a piece of legislation called 8 the Intractable Pain Act. 9 Remember that? 10 A. Yes. 11 Q. Okay. Do you believe that the State 12 of Ohio shares responsibility for the opioid 13 abuse epidemic in Cuyahoga County? 14 A. I -- I don't know to the extent of 15 what impact that had specifically on Cuyahoga 16 County. 17 Q. And you remember the Ohio Medical 18 Board, you said, adopted the treatment of pain 19 as a fifth vital sign. 20 A. Yes. 21 Q. Right? 22 A. Yes. 23 Q. Okay. Sitting here today with 20/20 24 hindsight, do you believe that the State of 25 Ohio could have and should have done things</p>
<p style="text-align: right;">Page 315</p> <p>1 in a -- take a look at all the contributing 2 factors, of which there are many, and assign or 3 allocate how much each of those factors exactly 4 has contributed to the opioid abuse epidemic in 5 the county? 6 A. I cannot. 7 Q. Why wouldn't you be able to do 8 that? 9 A. That would require a -- a team of 10 professionals to be able to make that 11 determination. 12 Q. And you agree, even for a team of 13 professionals, that would be extraordinarily 14 complex. 15 MS. SACKS: Objection. 16 BY MR. BOEHM: 17 Q. Fair? 18 A. There's no way of knowing until you 19 started to dive into the thing. I -- I don't 20 have a way to know the answer to that. 21 Q. Do you believe that the State of 22 Ohio shares responsibility for the opioid abuse 23 epidemic in Cuyahoga County? 24 A. My answer would be the same as 25 whether or not the county shares</p>	<p style="text-align: right;">Page 317</p> <p>1 differently in connection with the opioid abuse 2 epidemic? 3 A. Again, I think, in retrospect, we -- 4 we all could have done things differently, 5 knowing the information that we know now that 6 we did not know at that time. 7 Q. You agree that it's not fair to sit 8 here in 2019 and overly pass judgment about 9 things that happened 10 or 15 years ago when 10 people did not understand the scope of the 11 epidemic? 12 MS SACKS: Objection. 13 THE WITNESS: I think, as you 14 mentioned, there are a variety of contributing 15 factors that -- that led to this epidemic. 16 Which one had the most weight, I -- I cannot 17 say. 18 BY MR. BOEHM: 19 Q. But -- but my question is do you 20 agree that, sitting here now with the benefit 21 of hindsight, it'd be a little bit unfair to go 22 back in the fast -- past 10 or 15 years and 23 pass judgment when not everything was so clear 24 then as it is now? 25 Is that fair?</p>

<p style="text-align: right;">Page 318</p> <p>1 A. That's fair.</p> <p>2 MS SACKS: Objection.</p> <p>3 BY MR. BOEHM:</p> <p>4 Q. Do you believe that drug dealers are</p> <p>5 responsible for the opioid abuse epidemic in</p> <p>6 Cuyahoga County?</p> <p>7 MS SACKS: Objection.</p> <p>8 THE WITNESS: I believe that they</p> <p>9 play a role.</p> <p>10 BY MR. BOEHM:</p> <p>11 Q. They share some responsibility,</p> <p>12 right?</p> <p>13 A. Yes.</p> <p>14 MS SACKS: Objection.</p> <p>15 BY MR. BOEHM:</p> <p>16 Q. What about drug cartels?</p> <p>17 MS SACKS: Objection.</p> <p>18 THE WITNESS: Yes.</p> <p>19 BY MR. BOEHM:</p> <p>20 Q. Do you know what black tar heroin</p> <p>21 is?</p> <p>22 A. I've -- I've heard of black tar</p> <p>23 heroin.</p> <p>24 Q. Do you know when black tar heroin</p> <p>25 started being use in Cuyahoga County?</p>	<p style="text-align: right;">Page 320</p> <p>1 was my understanding that opiates are naturally</p> <p>2 derived chemicals that can relieve sensations</p> <p>3 of pain. Opioids are an all-encompassing group</p> <p>4 of chemicals that can be manmade or synthetic</p> <p>5 that work on opiate receptors in the brain to</p> <p>6 reduce sensations of pain.</p> <p>7 Q. And the Food & Drug Administration</p> <p>8 for the United States has approved certain</p> <p>9 opioid medications for use by licensed</p> <p>10 physicians for certain medical needs and</p> <p>11 indications, right?</p> <p>12 A. Yes.</p> <p>13 Q. Do you have any familiarity with the</p> <p>14 process by which the Food and Drug</p> <p>15 Administration's -- reviews data in order to</p> <p>16 reach its determinations about what drugs are</p> <p>17 appropriate and for which indications?</p> <p>18 A. I do not.</p> <p>19 Q. But heroin is an example of an -- an</p> <p>20 opiate that's not a prescription FDA-approved</p> <p>21 medication, right?</p> <p>22 A. Correct.</p> <p>23 Q. Okay. Some opiates are illegal,</p> <p>24 right?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 319</p> <p>1 A. Not initially, no.</p> <p>2 Q. Do you know -- do you have an</p> <p>3 understanding of the first year when black tar</p> <p>4 heroin arrived on the streets of Cuyahoga</p> <p>5 County?</p> <p>6 MS SACKS: Objection.</p> <p>7 THE WITNESS: No.</p> <p>8 BY MR. BOEHM:</p> <p>9 Q. Is that something you've ever looked</p> <p>10 into as part of your responsibilities at CCBH</p> <p>11 or as a member of the Cuyahoga County Opiate</p> <p>12 Task Force?</p> <p>13 A. Yes.</p> <p>14 Q. You did look into that?</p> <p>15 A. I -- I recall it being a part of our</p> <p>16 presentations and a part of the work that we</p> <p>17 had done. I recall past heroin epidemics and</p> <p>18 knowing that this one, per data that was</p> <p>19 provided to us, was substantially greater.</p> <p>20 Q. Do you know what the difference is</p> <p>21 between an opiate and an opioid?</p> <p>22 A. I believe I do.</p> <p>23 Q. Can you explain that for us?</p> <p>24 A. It's my understanding -- again, not</p> <p>25 in a medical professional capacity -- but it</p>	<p style="text-align: right;">Page 321</p> <p>1 Q. Heroin is illegal, right?</p> <p>2 A. Heroin is illegal.</p> <p>3 Q. And do you know what fentanyl is?</p> <p>4 A. I -- I do.</p> <p>5 Q. And do you know that illegal</p> <p>6 fentanyl has sometimes been used in connection</p> <p>7 with heroin and other drugs?</p> <p>8 A. Yes. I have been made aware of</p> <p>9 that.</p> <p>10 Q. Okay. And do you know that fentanyl</p> <p>11 that gets used here in Cuyahoga County and in</p> <p>12 other places in Ohio is illegally made and</p> <p>13 illegally distributed?</p> <p>14 A. Yes.</p> <p>15 Q. Do you know what carfentanil is?</p> <p>16 A. Yes.</p> <p>17 Q. Carfentanil is not an FDA-approved</p> <p>18 medication for humans, right?</p> <p>19 A. Yes.</p> <p>20 Q. It's not, right?</p> <p>21 A. Correct. It's not.</p> <p>22 Q. There's no legitimate reason to have</p> <p>23 heroin, carfentanil or a fentanyl analog,</p> <p>24 right?</p> <p>25 MS SACKS: Objection.</p>

<p style="text-align: right;">Page 322</p> <p>1 THE WITNESS: It's my understanding 2 that there are medical uses for fentanyl. 3 BY MR. BOEHM: 4 Q. Well, I'm -- I'm talking about 5 the -- the type of fentanyl that gets used on 6 the -- on -- and -- and -- and is responsible 7 for drug overdoses. 8 That's illicit fentanyl, right? 9 MS. SACKS: Objection. 10 THE WITNESS: Primarily, yes. 11 BY MR. BOEHM: 12 Q. And there's no legitimate medical 13 need why somebody would use heroin or 14 carfentanil or this illicit fentanyl that gets 15 made and distributed illegally. 16 Fair? 17 MS SACKS: Objection. 18 THE WITNESS: Not to my knowledge, 19 yes. 20 BY MR. BOEHM: 21 Q. Doctors don't prescribe those 22 substances? 23 A. No. 24 Q. And pharmacies do not dispense them, 25 right?</p>	<p style="text-align: right;">Page 324</p> <p>1 capacity at CCBH? 2 A. That's fair to say. And I -- I do 3 believe that that statistic presented itself 4 somewhere in my involvement. I don't know what 5 that number is though. I don't know the 6 percentage. 7 Q. So you have looked into that 8 question. 9 A. Yes. 10 Q. Okay. So -- so I want to make sure 11 this is clear. 12 Ms. Leppla, have you looked into the 13 question of the extent to which abusers of 14 prescription opioids have begun abusing based 15 on a prescription from a licensed physician for 16 a legitimate medical need? 17 A. My recollection is that, at some 18 point along the way, that there was a statistic 19 and a number that was provided to us. I did 20 not set out to seek and find that number. 21 Q. Okay. Let's talk a little bit about 22 that. 23 Who provided that number to you? 24 A. I don't recall. 25 Q. When did you receive that number?</p>
<p style="text-align: right;">Page 323</p> <p>1 A. That is correct. 2 MS SACKS: Objection. 3 BY MR. BOEHM: 4 Q. Do you know what the percentage of 5 first-time abusers of painkillers who have 6 obtained them from sources other than a 7 licensed physician for a legitimate medical 8 need? 9 A. I do not. 10 MS SACKS: Objection. 11 BY MR. BOEHM: 12 Q. So in other words, what I'm asking 13 you, Ms. Leppla, is whether or not you know, to 14 the extent individuals begin abusing 15 prescription opioids, what percentage of them 16 have actually received their prescription 17 opioid from a licensed physician for a 18 legitimate medical need as opposed to through 19 some form of diversion? 20 A. I don't know that percentage. 21 Q. Is that something you've ever looked 22 into in your capacity as a member of the 23 Cuyahoga County Opiate Task Force or as the 24 coordinator of the Ohio Department of Health 25 Injury Prevention Grant or in any other</p>	<p style="text-align: right;">Page 325</p> <p>1 A. I don't recall. 2 Q. Did you ask anybody for that number? 3 A. I don't recall. 4 Q. Do you remember approximately what 5 that number was? 6 A. I do -- I do not. 7 Q. Do you know on what statistics that 8 number is based? 9 A. I -- I don't. 10 Q. Do you know if that was a national 11 estimate or if that was a Cuyahoga 12 County-specific estimate? 13 A. I don't recall. 14 Q. Okay. Do you know what percentage 15 of prescription opioids that are used for abuse 16 as opposed to use for a legitimate medical need 17 are obtained from sources other than through a 18 legitimate prescription from a licensed 19 physician? 20 A. Can you please repeat. 21 Q. Sure. 22 Do you know what percentage of 23 prescription opioid pills that are abused -- 24 A. Uh-huh. 25 Q. -- are received through a legitimate</p>

<p style="text-align: right;">Page 326</p> <p>1 prescription from a licensed physician for a 2 legitimate medical need? 3 A. I do not. 4 Q. Is that something you ever recall 5 having had knowledge of? 6 A. No. I -- I do not recall. 7 MR. BOEHM: Okay. Let's take a 8 break here, if you don't mind. We'll go off 9 the record for a little bit. 10 THE VIDEOGRAPHER: We are going off 11 the record. 12 The time is 4:47. 13 (A short recess was taken.) 14 THE VIDEOGRAPHER: We are back on 15 the record. 16 The time is 5:14. 17 You may proceed, Counsel. 18 MR. BOEHM: Thank you. 19 BY MR. BOEHM: 20 Q. Welcome back Ms. Leppla. 21 A. Thank you. 22 Q. I'm going to direct your attention 23 back to the exhibit that we marked as Exhibit 24 13. 25 Do you have the stack there in front</p>	<p style="text-align: right;">Page 328</p> <p>1 Q. -- in this community? 2 A. At the date of this e-mail in 2014, 3 in -- in response to her e-mail and the 4 information that we had at that time, I did not 5 feel that there was enough funding or treatment 6 opportunities who -- for those who were in need 7 of seeking treatment or funding to implement 8 programming that had yet to be implemented. 9 Q. Did you ever go to anybody in 10 Cuyahoga County government and declare your 11 view that there was absolutely not enough 12 public resources being devoted to the opioid 13 abuse epidemic in the county? 14 A. I did not. 15 Q. Okay. 16 A. No. 17 Q. If you had had additional public 18 resources to address the opioid abuse epidemic 19 in Cuyahoga County, what would you have done 20 that you weren't already doing? 21 A. At that time in 2014, we could have 22 expanded our Naloxone education and 23 distribution efforts. We could have expanded 24 treatment for those seeking treatment. 25 I -- I don't know specifically what</p>
<p style="text-align: right;">Page 327</p> <p>1 of you? 2 A. Yes. And I have the -- the 3 document. 4 Q. This is that e-mail from August 5 2014. 6 Do you recall our discussion about 7 this e-mail exchange with the high school 8 student? 9 A. Yes. 10 Q. The third question she asked was 11 whether there was enough public resources to 12 support the programs that are in place. 13 Do you see that? 14 A. Yes. 15 Q. And would you just read your 16 response to that. 17 A. My response says: "Absolutely not. 18 Lack of funding and space for treatment has 19 been a major hurdle in fighting this epidemic." 20 Q. Why did you say that there was 21 absolutely not enough public resources to 22 support the programs of the Cuyahoga County 23 Board of Health in connection with the opioid 24 abuse epidemic -- 25 A. Uh-huh.</p>	<p style="text-align: right;">Page 329</p> <p>1 -- in this very moment, I don't know exactly 2 what programs were in place in that moment and 3 what we could have done. But there's always 4 opportunity to expand and enhance programming. 5 Q. Do you have any particular 6 initiatives or programs in mind, as you sit 7 here today, that you would have promoted with 8 additional public funding? 9 A. I -- I -- as I mentioned, Project 10 DAWN would have been one program that came to 11 mind. 12 Q. Project DAWN is something that's 13 come up today. 14 Can you -- 15 A. Uh-huh. 16 Q. -- please just explain what Project 17 DAWN is. 18 A. Sure. 19 Project DAWN is the State of Ohio's 20 Naloxone education and distribution program. 21 And DAWN is an acronym that's used throughout 22 the State of Ohio that stands for Deaths 23 Avoided With Naloxone. 24 Q. Okay. Was Project DAWN in Cuyahoga 25 County run through the Cuyahoga County Board of</p>

<p style="text-align: right;">Page 330</p> <p>1 Health?</p> <p>2 A. It was not run through the Cuyahoga</p> <p>3 County Board of Health. We served as a</p> <p>4 location that operated as one of the walk-in</p> <p>5 community distribution sites.</p> <p>6 Q. And you said it was a statewide</p> <p>7 program?</p> <p>8 A. Project DAWN was a statewide.</p> <p>9 Q. Okay. Did funding for Project DAWN</p> <p>10 come from the Ohio Department of Health?</p> <p>11 A. Yes. Some of the funding was</p> <p>12 provided by the Cuyahoga County Board of</p> <p>13 Health.</p> <p>14 Q. Were there any other sources of</p> <p>15 funding for Project DAWN besides funding from</p> <p>16 the Ohio Department of Health insofar as it</p> <p>17 concerns Cuyahoga County?</p> <p>18 A. Potentially within Cuyahoga County,</p> <p>19 but not that I'm certain of.</p> <p>20 Q. Okay. So you don't know one way or</p> <p>21 another?</p> <p>22 A. Not specifically at this moment. I</p> <p>23 don't recall.</p> <p>24 MR. BOEHM: Okay. I'm going to hand</p> <p>25 you our next document. It's Exhibit 14 for</p>	<p style="text-align: right;">Page 332</p> <p>1 A. I do not.</p> <p>2 Q. Do you know what Mr. Caraffi's</p> <p>3 position is at the Cuyahoga County Board of</p> <p>4 Health?</p> <p>5 A. I do.</p> <p>6 Q. What is his position?</p> <p>7 A. He is a supervisor in the</p> <p>8 Environmental Health Services area at the</p> <p>9 Cuyahoga County Board of Health.</p> <p>10 Q. That's a different position than the</p> <p>11 one he had while you were there, right?</p> <p>12 A. No.</p> <p>13 Q. Is that the same position?</p> <p>14 A. It is the same position.</p> <p>15 Q. Okay. Has -- is that the position</p> <p>16 Mr. Caraffi has always had at CCBH?</p> <p>17 A. Not in his entire duration as an</p> <p>18 employee of the Cuyahoga County Board of</p> <p>19 Health. He has not always served as a</p> <p>20 supervisor.</p> <p>21 Q. Okay. To whom does Mr. Caraffi</p> <p>22 report?</p> <p>23 A. He's a direct report to -- at least</p> <p>24 during my time at the Board of Health, he was a</p> <p>25 direct report to a deputy director of the Board</p>
<p style="text-align: right;">Page 331</p> <p>1 your deposition.</p> <p>2 (Deposition Exhibit 14 was marked</p> <p>3 for identification.)</p> <p>4 THE WITNESS: Thank you.</p> <p>5 BY MR. BOEHM:</p> <p>6 Q. This is another e-mail exchange.</p> <p>7 In this case you were having an</p> <p>8 exchange with Mr. Caraffi, who's come up a time</p> <p>9 or two earlier today, right?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And Mr. Caraffi is somebody</p> <p>12 who you worked with at the Cuyahoga County</p> <p>13 Board of Health --</p> <p>14 A. Yes.</p> <p>15 Q. -- right?</p> <p>16 A. Yes.</p> <p>17 Q. And you indicated I think earlier</p> <p>18 that he is no longer employed at CCBH, true?</p> <p>19 A. False. He is still employed at the</p> <p>20 Cuyahoga County Board of Health but no longer</p> <p>21 serves as the chair of the Cuyahoga County</p> <p>22 Opiate Task Force.</p> <p>23 Q. Do you know why Mr. Caraffi is no</p> <p>24 longer a chair of the Cuyahoga County Opiate</p> <p>25 Task Force?</p>	<p style="text-align: right;">Page 333</p> <p>1 of Health.</p> <p>2 Q. Okay. What other positions has Mr.</p> <p>3 Caraffi held at Cuyahoga County Board of</p> <p>4 Health?</p> <p>5 A. If my memory serves me correctly, he</p> <p>6 started off his career at the Board of Health</p> <p>7 as a registered sanitarian, was promoted to</p> <p>8 program manager position, and then promoted to</p> <p>9 a supervisor position.</p> <p>10 Q. Are there any other positions that,</p> <p>11 to your knowledge, Mr. Caraffi has held at</p> <p>12 CCBH?</p> <p>13 A. Those are his titles that I am aware</p> <p>14 of as of his time at the Board of Health.</p> <p>15 Q. Are you differentiating between</p> <p>16 titles and positions?</p> <p>17 A. No.</p> <p>18 Q. In any event, you and Mr. Caraffi</p> <p>19 are having an e-mail exchange in September</p> <p>20 2015.</p> <p>21 Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. And on September 24th, 2015, Mr.</p> <p>24 Caraffi writes to you on the subject of</p> <p>25 fentanyl significantly contributing to a rise</p>

<p style="text-align: right;">Page 334</p> <p>1 in Ohio drug overdose deaths. 2 Do you see that? 3 A. Forgive me, but -- 4 Q. Do you have the same document I do? 5 A. I'm not sure what document you have. 6 Q. You do. 7 A. Okay. 8 Q. You see in the subject: "Line 9 fentanyl significantly contributing to a rise 10 in Ohio drug overdose deaths"? 11 A. I see that in the subject line. 12 Q. And -- and if you turn to the bottom 13 of the e-mail exchange, you can see there's a 14 whole summary from September 24th, 2015, from 15 the Ohio Health Alert Network about fentanyl 16 significantly contributing to a rise in Ohio 17 drug overdose deaths. 18 You see that? 19 A. Yes. 20 Q. Okay. And then Mr. Caraffi, on 21 September 24th at 3:11 p.m., writes to you and 22 to Terry Allan saying that he has "the county 23 into, but it will be posted tomorrow. The 24 fentanyl is basement-grade, not prescription." 25 See that?</p>	<p style="text-align: right;">Page 336</p> <p>1 A. I do remember at this time period in 2 2015 that fentanyl had really emerged on the 3 scene as a significant drug threat -- 4 Q. Okay. Let me ask -- 5 A. -- to the county. 6 Q. Sorry. I didn't mean to cut you off 7 before you were done. 8 Were you done? 9 A. I'm done. 10 Q. My -- 11 THE REPORTER: I'm sorry. And the 12 very last part of your answer, "significant 13 drug threat"... 14 THE WITNESS: In Cuyahoga County. 15 THE REPORTER: Okay. 16 BY MR. BOEHM: 17 Q. And do you agree that, at least as 18 of the time of this e-mail exchange, September 19 2015, fentanyl was Cuyahoga County's biggest 20 battle and primary driver of opioid-related 21 overdose deaths in Cuyahoga County? 22 A. I do recall at this time period 23 that, like I said, fentanyl had emerged on the 24 scene as a significant drug threat and really 25 driving -- and then the data that was provided</p>
<p style="text-align: right;">Page 335</p> <p>1 A. Yes. 2 Q. What is your understanding of what 3 Mr. Caraffi meant when said that fentanyl is 4 basement-grade, not prescription? 5 A. It's my understanding that he was 6 referring to illicit fentanyl that was not 7 prescribed by a physician. 8 Q. Okay. Fentanyl not made by any 9 pharmaceutical manufacturer, right? 10 A. That would be correct. 11 Q. Do you know what Mr. Caraffi meant 12 when he was referring to county information? 13 A. Can you give me a sec? 14 Q. Sure. 15 A. So I would assume that Mr. 16 Caraffi -- being that this alert is addressing 17 fentanyl-related drug overdose deaths in the 18 State of Ohio, that he is referring to Cuyahoga 19 County-specific information that would have 20 been provided to him at that time. 21 Q. Do you agree that, at least as of 22 2015 when this e-mail exchange occurred, 23 illicit fentanyl was the biggest battle and the 24 primary driver of opioid-related overdose 25 deaths in Cuyahoga County?</p>	<p style="text-align: right;">Page 337</p> <p>1 from the Medical Examiner's Office, that it was 2 driving the -- the deaths in that time period. 3 And to add to that, I mean, as you 4 all know, we have seen a shift in the epidemic 5 over time with -- when we came on the scene, we 6 saw an epidemic that was primarily attributed 7 to prescription drug abuse and accidental 8 overdose -- dose deaths that were attributed to 9 prescription drug abuses -- or drug abuse. 10 Then we saw the shift to heroin, subsequently 11 fentanyl. 12 Q. Okay. When did heroin- and 13 fentanyl-related drug overdose deaths surpass 14 overdose deaths associated with the abuse of 15 prescription opioids? 16 A. I don't recall the specific year. 17 Q. Do you recall roughly when that 18 would have happened in Cuyahoga County? 19 A. Not at this very moment, without the 20 data in front of me. 21 Q. Do you agree that prescription 22 opioid -- or let me start -- start over with 23 that question. 24 Do you agree that overdose death 25 related to prescription opioid abuse have been</p>

<p style="text-align: right;">Page 338</p> <p>1 trending downward in Cuyahoga County since 2011</p> <p>2 or 2012 at the latest?</p> <p>3 A. Again, I would need to see the data</p> <p>4 in front of me to be specific with the years of</p> <p>5 when that started to trend down. But I do</p> <p>6 know, at the same time that it started to trend</p> <p>7 down, we really started to see a trend upwards</p> <p>8 with heroin and subsequently with fentanyl.</p> <p>9 Q. Is it your view that the downward</p> <p>10 trend in prescription opioid-related overdose</p> <p>11 deaths was due in part to the activities of the</p> <p>12 Cuyahoga County Board of Health to address the</p> <p>13 opioid abuse epidemic in the county?</p> <p>14 A. Of course that would be our -- our</p> <p>15 hope. I cannot say definitively if it was a</p> <p>16 direct result of our efforts.</p> <p>17 Q. Do you have a view as to why at the</p> <p>18 same time heroin-related overdose deaths</p> <p>19 started to go up?</p> <p>20 A. The data that was provided by the</p> <p>21 Medical Examiner's Office indicated that, as</p> <p>22 the -- the numbers of prescription drug</p> <p>23 overdose-related deaths started to decrease,</p> <p>24 that the number of heroin-related overdose</p> <p>25 deaths increased in that the mind-set was that</p>	<p style="text-align: right;">Page 340</p> <p>1 Is it fair to say that you consider</p> <p>2 the Ohio Department of Health a partner of</p> <p>3 Cuyahoga County Board of Health in terms of</p> <p>4 addressing the opioid abuse epidemic in the</p> <p>5 county?</p> <p>6 A. I think that would be safe to say,</p> <p>7 that we would consider them certainly as a</p> <p>8 resource.</p> <p>9 Q. Would you consider them to be a</p> <p>10 partner?</p> <p>11 A. Yes.</p> <p>12 (Deposition Exhibit 15 was marked</p> <p>13 for identification.)</p> <p>14 BY MR. BOEHM:</p> <p>15 Q. Okay. I want to direct your</p> <p>16 attention to a graphic in the slide deck that's</p> <p>17 now marked as Exhibit 15 for purposes of your</p> <p>18 deposition entitled "Violence and Injury</p> <p>19 Prevention Program" from the Ohio Department of</p> <p>20 Health. It's on Page 12.</p> <p>21 A. Okay.</p> <p>22 Q. Unfortunately, this document was</p> <p>23 produced to us only in black and white. So</p> <p>24 it's a little hard to see.</p> <p>25 But you can tell from looking at</p>
<p style="text-align: right;">Page 339</p> <p>1 prevention measures that could have been in --</p> <p>2 could have been -- could have been put in place</p> <p>3 to curb the prescription pill epidemic could</p> <p>4 have inadvertently shifted folks to heroin.</p> <p>5 Q. In other words, people who could no</p> <p>6 longer obtain diverted prescription opioid</p> <p>7 pills started to use heroin?</p> <p>8 MS SACKS: Objection.</p> <p>9 THE WITNESS: I can't say that that</p> <p>10 happened definitively. But that was a</p> <p>11 mind-set.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. Is that your understanding?</p> <p>14 A. It was my understanding that that</p> <p>15 was one of the contributing factors to the rise</p> <p>16 in -- an increase of heroin-related fatalities.</p> <p>17 Q. And when you say that was one of the</p> <p>18 drivers of that shift, what is "that" that</p> <p>19 you're talking about?</p> <p>20 A. The -- the decrease in use or</p> <p>21 availability of prescription medications,</p> <p>22 perhaps cost associated with the street value</p> <p>23 of prescription medications.</p> <p>24 Q. Okay. I'm going to show you a</p> <p>25 document from the Ohio Department of Health.</p>	<p style="text-align: right;">Page 341</p> <p>1 this that right around 2011 fentanyl-related</p> <p>2 overdose deaths starts to go up dramatically --</p> <p>3 or I should say -- sorry. Let me back up a</p> <p>4 second. I messed that up.</p> <p>5 Right around 2011 prescription</p> <p>6 opioid -- I'm going to start over once again.</p> <p>7 It's late in the day. We're going</p> <p>8 to make it.</p> <p>9 You can see from this graphic that</p> <p>10 overdose deaths associated with the abuse of</p> <p>11 prescription opioids begins to go down in 2011</p> <p>12 and then level off, while in 2011</p> <p>13 heroin-related overdose deaths starts to go up</p> <p>14 dramatically.</p> <p>15 Do you see that?</p> <p>16 A. I believe I do.</p> <p>17 Can you confirm that prescription</p> <p>18 opioids is the top line?</p> <p>19 Q. Yeah. That's my understanding.</p> <p>20 Yes.</p> <p>21 A. Okay.</p> <p>22 Q. And then you see in 2011 the heroin</p> <p>23 line jumps up?</p> <p>24 A. Would that be this line here?</p> <p>25 Q. Yeah. The record is hard to pick up</p>

<p style="text-align: right;">Page 342</p> <p>1 what we're pointing at.</p> <p>2 But it's the one that is -- goes</p> <p>3 above -- it's the highest as of 2012 and</p> <p>4 continues to trend upward.</p> <p>5 You see that?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. And then there's another one</p> <p>8 that jumps up in 2013, and that it's the</p> <p>9 fentanyl line.</p> <p>10 A. Yes.</p> <p>11 Q. And does that -- those general</p> <p>12 trends sound about right in terms of your</p> <p>13 understanding about what opioids were causing</p> <p>14 overdose deaths in Cuyahoga County during these</p> <p>15 years?</p> <p>16 A. Potentially. I can't say</p> <p>17 definitively that I recall fentanyl being a</p> <p>18 significant problem beginning in 2013.</p> <p>19 Q. When do you believe that fentanyl</p> <p>20 became a significant problem in Cuyahoga</p> <p>21 County?</p> <p>22 A. I would have to go back and look at</p> <p>23 the reports and the data that was provided.</p> <p>24 Certainly by 2015 I do remember it being a</p> <p>25 significant problem.</p>	<p style="text-align: right;">Page 344</p> <p>1 A. Yes.</p> <p>2 Q. Did you prepare this document?</p> <p>3 A. I was not the -- not the sole</p> <p>4 author, but I wasn't the lead author on this</p> <p>5 document.</p> <p>6 Q. I'm sorry. Would you just say that</p> <p>7 one more time.</p> <p>8 A. I was not the lead author on the</p> <p>9 document. I did contribute to the creation,</p> <p>10 but I did not have the lead.</p> <p>11 Q. Who was the lead author?</p> <p>12 A. The lead author -- there were a few</p> <p>13 folks that actually worked on this document. I</p> <p>14 -- Chris Kippes was one of the individuals, who</p> <p>15 was our director of epidemiology and</p> <p>16 surveillance. He ran the numbers for the</p> <p>17 report and then provided that information.</p> <p>18 And we also had another individual</p> <p>19 who worked on the report. And she was a -- a</p> <p>20 medical resident that had a rotation that spent</p> <p>21 some time working in our office. So she also</p> <p>22 helped contribute to the preparation.</p> <p>23 Q. Who was that?</p> <p>24 A. Her name was Dr. Erica Stopski.</p> <p>25 Q. So the three of you collaborated to</p>
<p style="text-align: right;">Page 343</p> <p>1 Q. When do you recall that heroin</p> <p>2 became a primary driver of opioid-related</p> <p>3 overdose deaths in Cuyahoga County?</p> <p>4 A. Again, I couldn't say definitively</p> <p>5 when it became the primary driver. Certainly</p> <p>6 before fentanyl. So if my memory served me</p> <p>7 correctly, in my memory of somewhere between</p> <p>8 2014 and 2015 being a significant year for</p> <p>9 fentanyl, heroin would have been prior to that.</p> <p>10 (Deposition Exhibit 16 was marked</p> <p>11 for identification.)</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. This is Exhibit 16. It's a document</p> <p>14 prepared by the Cuyahoga County Board of Health</p> <p>15 from 2016. It looks like it's intended to</p> <p>16 cover a period of January 1 through September</p> <p>17 30th, 2016.</p> <p>18 Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. And you were at CCBH during that</p> <p>21 time, correct?</p> <p>22 A. Correct.</p> <p>23 Q. The title of this document is</p> <p>24 "Drug-Related Emergency Room Visits."</p> <p>25 Do you see that?</p>	<p style="text-align: right;">Page 345</p> <p>1 prepare this report?</p> <p>2 A. Yes. And I don't recall if Vince</p> <p>3 had any ownership of the document. He may have</p> <p>4 contributed as well.</p> <p>5 Q. Is this the kind of document that</p> <p>6 Mr. Caraffi typically would want to review and</p> <p>7 approve before it was finalized?</p> <p>8 A. He would want to review it, yes.</p> <p>9 Q. Okay. This particular report is</p> <p>10 entitled "Drug-Related Emergency Visits From</p> <p>11 January 1 to September 30th, 2016," right?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. And I want to direct your</p> <p>14 attention to the fourth page of this document</p> <p>15 that refers to emergency room visits that are</p> <p>16 drug-related by drug category.</p> <p>17 Do you see that?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. And what this section is</p> <p>20 trying to do is break down by numbers and by</p> <p>21 percentages which drug category was responsible</p> <p>22 for its corresponding amount of emergency room</p> <p>23 visits, right?</p> <p>24 A. Yes.</p> <p>25 Q. Okay. And -- and it looks like it's</p>

<p style="text-align: right;">Page 346</p> <p>1 ranked from highest to lowest.</p> <p>2 Does that look right to you?</p> <p>3 A. It does.</p> <p>4 Q. And the first thing that's listed</p> <p>5 there under the drug category is "Heroin Only."</p> <p>6 You see that?</p> <p>7 A. Yes.</p> <p>8 Q. The second column of this graph has</p> <p>9 an N.</p> <p>10 What does the N mean?</p> <p>11 A. I think the N is the total number of</p> <p>12 cases.</p> <p>13 Q. Is that the total number of</p> <p>14 emergency room visits for heroin-only-related</p> <p>15 visits?</p> <p>16 A. Yes. And I be -- I would need to go</p> <p>17 back and read the document a little bit more</p> <p>18 thoroughly to determine which hospital systems</p> <p>19 or emergency room departments these numbers</p> <p>20 were pulled from.</p> <p>21 Q. Would that be something that's</p> <p>22 available to us who are reviewing this document</p> <p>23 and didn't prepare it ourselves?</p> <p>24 A. I believe it's probably embedded</p> <p>25 within the document --</p>	<p style="text-align: right;">Page 348</p> <p>1 Q. Is there any reason why any</p> <p>2 emergency rooms in Cuyahoga County would have</p> <p>3 been left out?</p> <p>4 A. Only if they were not inputting that</p> <p>5 data into the system that captured this. I</p> <p>6 don't believe we would have excluded any</p> <p>7 hospitals --</p> <p>8 Q. Okay.</p> <p>9 A. -- for any particular reasons.</p> <p>10 Q. Do you know of any hospitals who</p> <p>11 don't input data into the EpiCenter system?</p> <p>12 A. No. Not off --</p> <p>13 Q. Okay.</p> <p>14 A. -- the top of my head.</p> <p>15 Q. Okay. Well, when you say off the</p> <p>16 top of your head, I'm trying to understand if</p> <p>17 that's some kind of caveat.</p> <p>18 Do you know?</p> <p>19 A. This -- this was a newer system.</p> <p>20 This was a newer system that was put in place</p> <p>21 just prior to my departure. We hadn't used it</p> <p>22 often. I hadn't really had a ton of</p> <p>23 interaction with this system. These reports</p> <p>24 were not something that we did very frequently.</p> <p>25 Q. The point is you're not aware of any</p>
<p style="text-align: right;">Page 347</p> <p>1 Q. On --</p> <p>2 A. -- the source of --</p> <p>3 Q. On the first page, it says: "Data</p> <p>4 for this report were taken from EpiCenter, a</p> <p>5 web-based surveillance tool" --</p> <p>6 A. Uh-huh.</p> <p>7 Q. -- "administered through the Ohio</p> <p>8 Department of Health."</p> <p>9 Do you see that?</p> <p>10 A. Yes.</p> <p>11 Q. Is that where these data would be</p> <p>12 from?</p> <p>13 A. Yes. So EpiCenter was a syndromic</p> <p>14 surveillance tool that was operate -- owned and</p> <p>15 operated by the Ohio Department of Health. It</p> <p>16 had been used for a variety of diseases and</p> <p>17 emergency-related events prior to them</p> <p>18 capturing drug-related emergency department</p> <p>19 visits.</p> <p>20 I was just trying to recall which</p> <p>21 hospitals in Cuyahoga County that this was a</p> <p>22 raw number for.</p> <p>23 Q. Okay. Can you tell?</p> <p>24 A. I mean it does say: "Drug-related</p> <p>25 visits to emergency rooms in Cuyahoga County."</p>	<p style="text-align: right;">Page 349</p> <p>1 hospitals in Cuyahoga County who don't</p> <p>2 participate by providing their data to the</p> <p>3 EpiCenter database?</p> <p>4 A. I am not aware.</p> <p>5 Q. Okay. So under the N, which we</p> <p>6 understand to be the number of ER visits in</p> <p>7 Cuyahoga County, we see 895, which represents</p> <p>8 just over 62 percent of the total drug-related</p> <p>9 emergency room visits in Cuyahoga County,</p> <p>10 right?</p> <p>11 A. That is correct.</p> <p>12 Q. Okay. And the next category is</p> <p>13 "Opioid General," with 327, which comes out to</p> <p>14 22.7 percent, right?</p> <p>15 A. Yes.</p> <p>16 Q. And you have "Cocaine" and</p> <p>17 "Polysubstance" are the next two, right?</p> <p>18 A. Yes.</p> <p>19 Q. And then after that you get to</p> <p>20 prescription opioids.</p> <p>21 Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. That one's 42 total for a total of</p> <p>24 2.9 percent, right?</p> <p>25 A. Correct.</p>

<p style="text-align: right;">Page 350</p> <p>1 Q. Okay. Why do you think that,</p> <p>2 between the months of January and September</p> <p>3 2016, drug-related emergency room -- sorry.</p> <p>4 Why do you think, between the months</p> <p>5 January and September 2016,</p> <p>6 prescription-opioid-related emergency room</p> <p>7 visits represented only 2.9 percent of total</p> <p>8 drug-related emergency room visits in Cuyahoga</p> <p>9 County?</p> <p>10 A. It's my understanding, from the data</p> <p>11 that was provided to us at that time, that</p> <p>12 prescription opioid -- exclusive prescription</p> <p>13 opioid overdoses had started to trend downwards</p> <p>14 as heroin began to trend upwards.</p> <p>15 Q. Okay. You agree it's a -- there's a</p> <p>16 pretty dramatic difference between 895 versus</p> <p>17 42?</p> <p>18 A. Yes.</p> <p>19 Q. And is it your understanding that</p> <p>20 that trend of declining</p> <p>21 prescription-opioid-related emergency room</p> <p>22 visits versus heroin and other illicit</p> <p>23 opioid-related overdose and emergency room</p> <p>24 visits -- that those trends have continued in</p> <p>25 the same direction as they were headed in 2015?</p>	<p style="text-align: right;">Page 352</p> <p>1 MS SACKS: Objection.</p> <p>2 THE WITNESS: Can you be more</p> <p>3 specific or repeat the question for me, please.</p> <p>4 BY MR. BOEHM:</p> <p>5 Q. Sure.</p> <p>6 Based on the data that you've seen</p> <p>7 and the information you have available to you,</p> <p>8 do you agree that the trends we've seen, in</p> <p>9 terms of the declining number --</p> <p>10 A. Uh-huh.</p> <p>11 Q. -- of emergency room visits and</p> <p>12 overdoses related to prescription opioid</p> <p>13 medications, are likely to continue to decline</p> <p>14 in subsequent years?</p> <p>15 MS SACKS: Objection.</p> <p>16 THE WITNESS: I have no way of</p> <p>17 really predicting that. Again, it is my hope</p> <p>18 that they would continue to decline. But as</p> <p>19 the epidemic has evolved and we've -- we've</p> <p>20 seen different drugs present themselves as the</p> <p>21 emerging threats, there's no way for me to</p> <p>22 definitively say that prescription drugs</p> <p>23 fatalities wouldn't have a spike or increase in</p> <p>24 a particular year.</p> <p>25 BY MR. BOEHM:</p>
<p style="text-align: right;">Page 351</p> <p>1 A. Do you mind repeating the question</p> <p>2 for me. I'm sorry.</p> <p>3 Q. Yeah. I know. It was so long.</p> <p>4 Is it your understanding that the</p> <p>5 trend we were seeing here in 2016 where you had</p> <p>6 only 2.9 percent of drug-related emergency room</p> <p>7 visits being related to prescription opioids,</p> <p>8 whether that trend has continued in the years</p> <p>9 since 2016 in Cuyahoga County?</p> <p>10 A. It is my understanding that that</p> <p>11 trend has continued as the drug epidemic has</p> <p>12 continued to evolve. I think that it has</p> <p>13 evolved very rapidly over the years. And</p> <p>14 during this time frame and in recent years,</p> <p>15 prescription opioid overdose deaths have</p> <p>16 declined per the data that has been provided.</p> <p>17 Q. Is it your expectation that</p> <p>18 prescription-related emergency room visits and</p> <p>19 overdose deaths will continue to decline based</p> <p>20 on the trends that are occurring right now in</p> <p>21 Cuyahoga County?</p> <p>22 A. It is my hope.</p> <p>23 Q. Do you have reason to believe that</p> <p>24 that's true, based on the data that you've</p> <p>25 seen?</p>	<p style="text-align: right;">Page 353</p> <p>1 Q. Do you have any reason to think that</p> <p>2 prescription-drug-related overdose deaths will</p> <p>3 increase in the coming years as opposed to</p> <p>4 continue to decrease?</p> <p>5 A. I don't.</p> <p>6 Q. Illicit fentanyl is sometimes now</p> <p>7 being used by drug dealers in connection with</p> <p>8 nonopioid substances, correct?</p> <p>9 A. Yes. I have been made aware of</p> <p>10 that.</p> <p>11 Q. Fentanyl is showing up in</p> <p>12 methamphetamines, correct?</p> <p>13 A. I don't know that definitively.</p> <p>14 Q. Have you ever heard that?</p> <p>15 A. Honestly, I can't say definitively</p> <p>16 if I've heard that it's been mixed with</p> <p>17 methamphetamines.</p> <p>18 Q. Have you heard that fentanyl is</p> <p>19 something being mixed with cocaine?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. Do you know if Cuyahoga</p> <p>22 County is claiming damages related to overdose</p> <p>23 deaths where an individual died from using</p> <p>24 cocaine that was cut with fentanyl?</p> <p>25 A. I don't know.</p>

<p style="text-align: right;">Page 354</p> <p>1 Q. Are you familiar with the concept of</p> <p>2 fentanyl test strips?</p> <p>3 A. Yes.</p> <p>4 Q. What do fentanyl test strips do?</p> <p>5 A. It's my understanding that the</p> <p>6 fentanyl test strips are distributed as part of</p> <p>7 the mobile syringe exchange unit and allow a --</p> <p>8 a drug user to test their product for the</p> <p>9 presence of fentanyl.</p> <p>10 (Deposition Exhibit 17 was marked</p> <p>11 for identification.)</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. This document has been marked as</p> <p>14 Exhibit 17. It's a 2015 report from the CDC</p> <p>15 about their trip to Ohio to look into</p> <p>16 fentanyl-related overdose deaths.</p> <p>17 Are you familiar with the fact that</p> <p>18 the CDC came to Ohio in 2015 to look into some</p> <p>19 fentanyl-related deaths?</p> <p>20 A. Yes. I do recall that visit.</p> <p>21 Q. How did you know that that had</p> <p>22 happened?</p> <p>23 A. One of the locations that they</p> <p>24 visited was the Cuyahoga County Board of</p> <p>25 Health.</p>	<p style="text-align: right;">Page 356</p> <p>1 meeting. And to be honest, I'm questioning if</p> <p>2 I was present for the entire duration of that</p> <p>3 meeting. If I was, I played a very small role</p> <p>4 in that meeting, and I was merely present and</p> <p>5 at the table.</p> <p>6 Q. Okay. Well, whether you can</p> <p>7 remember specifics or not, what -- what do you</p> <p>8 recall about the meeting?</p> <p>9 A. Not much. I remember that it took</p> <p>10 place. I remember that we met in a conference</p> <p>11 room at the Board of Health. And I remember</p> <p>12 that we were talking about the presence of</p> <p>13 fentanyl in Cuyahoga County.</p> <p>14 Q. Do you know why the CDC came to Ohio</p> <p>15 to look into fentanyl-related overdose deaths?</p> <p>16 A. At that time we were experiencing</p> <p>17 fentanyl as being a significant drug threat.</p> <p>18 Q. Do you know Dr. Farid Sabet?</p> <p>19 A. No.</p> <p>20 Q. Never heard that name before?</p> <p>21 A. It's sound familiar, but I do not</p> <p>22 know who that is.</p> <p>23 MR. BOEHM: Let's go off the record,</p> <p>24 if we could.</p> <p>25 THE VIDEOGRAPHER: We are going off</p>
<p style="text-align: right;">Page 355</p> <p>1 Q. Did you meet with anybody from the</p> <p>2 CDC at that time?</p> <p>3 A. I -- I was -- I was present in the</p> <p>4 room during the meeting.</p> <p>5 Q. Describe for us the nature of the</p> <p>6 meeting.</p> <p>7 What did you all discuss?</p> <p>8 A. We -- I -- I don't recall how many</p> <p>9 people were there, who the stakeholders were at</p> <p>10 that time. I recall a member or two from the</p> <p>11 CDC being present. And the -- their purpose or</p> <p>12 intent of their visit was to try to get a</p> <p>13 better understanding of fentanyl presence</p> <p>14 within Cuyahoga County, if I recall correctly.</p> <p>15 That was quite some time ago.</p> <p>16 Q. Were the members or representatives</p> <p>17 of the CDC healthcare professionals?</p> <p>18 A. I don't remember their specific</p> <p>19 titles or backgrounds.</p> <p>20 Q. Did they request information from</p> <p>21 the CCBH?</p> <p>22 A. I don't remember.</p> <p>23 Q. What did you discuss during the</p> <p>24 meeting?</p> <p>25 A. I don't recall specifics of that</p>	<p style="text-align: right;">Page 357</p> <p>1 the record.</p> <p>2 The time is 5:50.</p> <p>3 (A short recess was taken.)</p> <p>4 THE VIDEOGRAPHER: We are back on</p> <p>5 the record.</p> <p>6 The time is 6:02.</p> <p>7 You may proceed, Counsel.</p> <p>8 MR. BOEHM: Ms. Leppla, thank you</p> <p>9 very much for your time today. I'm going to</p> <p>10 let some of my colleagues spend some time with</p> <p>11 you. And it's possible I'll ask you some more</p> <p>12 questions later, depending on how the rest of</p> <p>13 the day plays out.</p> <p>14 But otherwise, really appreciate you</p> <p>15 being here and taking time to -- to talk to us.</p> <p>16 THE WITNESS: Sure. Thank you.</p> <p>17 EXAMINATION BY COUNSEL FOR DEFENDANTS</p> <p>18 MALLINCKRODT, LLC, AND SPEC GX, LLC</p> <p>19 BY MR. GOLDSTEIN:</p> <p>20 Q. Hi, Ms. Leppla.</p> <p>21 A. Hello.</p> <p>22 Q. Good evening, just about.</p> <p>23 As I said before, my name's Josh</p> <p>24 Goldstein. I represent certain of the</p> <p>25 defendants in this litigation.</p>

<p style="text-align: right;">Page 358</p> <p>1 Same rules apply as when my</p> <p>2 colleague was asking you questions before.</p> <p>3 Does that sound good?</p> <p>4 A. Yes.</p> <p>5 Q. You testified earlier that you</p> <p>6 hadn't reviewed any direct-to-consumer</p> <p>7 marketing materials related to prescription</p> <p>8 opioids.</p> <p>9 Do you recall that testimony?</p> <p>10 A. I'm sorry. Can -- I -- I think I</p> <p>11 missed some of what you said.</p> <p>12 Q. Sure.</p> <p>13 I think you testified earlier that</p> <p>14 you hadn't reviewed any direct-to-consumer</p> <p>15 marketing materials from any -- related to</p> <p>16 prescription opioids.</p> <p>17 A. I'm sorry if I'm not understanding</p> <p>18 what you mean "reviewed."</p> <p>19 Q. Have you -- have you seen any</p> <p>20 direct-to-consumer marketing materials related</p> <p>21 to prescription opioids?</p> <p>22 A. Not that I can recall. I -- I -- I</p> <p>23 can recall advertising materials. But whether</p> <p>24 or not they were specifically related to</p> <p>25 opioids, I don't know for certain.</p>	<p style="text-align: right;">Page 360</p> <p>1 Cephalon?</p> <p>2 A. I'm not certain.</p> <p>3 Q. What do you mean you're not certain?</p> <p>4 A. The -- the words "Cephalon" is</p> <p>5 ringing a bell, but I don't recall if I</p> <p>6 remember it in the capacity of being a drug</p> <p>7 company.</p> <p>8 Q. Fair enough.</p> <p>9 Have you heard of a company called</p> <p>10 Endo?</p> <p>11 A. No.</p> <p>12 Q. Have you heard of a company called</p> <p>13 Insys?</p> <p>14 A. No.</p> <p>15 Q. Have you heard of a company called</p> <p>16 Janssen?</p> <p>17 A. Yes.</p> <p>18 Q. What do you know about Janssen?</p> <p>19 A. Nothing other than that I have heard</p> <p>20 of them.</p> <p>21 Q. Have you heard of a company called</p> <p>22 Mallinckrodt?</p> <p>23 A. No.</p> <p>24 Q. Have you heard of a company called</p> <p>25 Purdue?</p>
<p style="text-align: right;">Page 359</p> <p>1 Q. So you've generally seen marketing</p> <p>2 related to prescription drugs but not</p> <p>3 necessarily opioids?</p> <p>4 A. That is correct.</p> <p>5 Q. Now, I take it the same is true of</p> <p>6 marketing materials that are not</p> <p>7 direct-to-consumer?</p> <p>8 A. What would be an example of a</p> <p>9 marketing material that --</p> <p>10 Q. Sure.</p> <p>11 A. -- that you're referring to?</p> <p>12 Q. Are you familiar with any type of</p> <p>13 marketing activities that pharmaceutical</p> <p>14 companies do directly to prescribers?</p> <p>15 A. I am not.</p> <p>16 Q. Okay. I'm going to read you a -- a</p> <p>17 list of companies. We'll go one by one. And</p> <p>18 I'm just going to ask the same question each</p> <p>19 time.</p> <p>20 So have you heard of a company</p> <p>21 called Anda?</p> <p>22 A. No.</p> <p>23 Q. Have you heard of a company Actavis?</p> <p>24 A. No.</p> <p>25 Q. Have you heard of a company called</p>	<p style="text-align: right;">Page 361</p> <p>1 A. Yes.</p> <p>2 Q. What do you know about Purdue?</p> <p>3 A. To be the manufacturer of Oxycontin.</p> <p>4 Q. Anything else?</p> <p>5 A. No.</p> <p>6 Q. Do you know anything about a company</p> <p>7 called Spec Gx?</p> <p>8 A. No.</p> <p>9 Q. Do you know anything about a company</p> <p>10 called Teva?</p> <p>11 A. No.</p> <p>12 Q. Are you aware of any specific</p> <p>13 misconduct on the part of manufacturer</p> <p>14 defendants in this litigation?</p> <p>15 A. No.</p> <p>16 Q. Do you have any idea who the</p> <p>17 manufacturer defendants are in this litigation?</p> <p>18 A. No.</p> <p>19 Q. Now, in connection with your work</p> <p>20 with the Injury Prevention Grant -- you recall</p> <p>21 discussing that earlier today?</p> <p>22 A. Yes.</p> <p>23 Q. How was it decided how grant funding</p> <p>24 would be allotted?</p> <p>25 A. So grant funding, the determination</p>

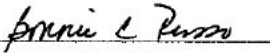
<p style="text-align: right;">Page 362</p> <p>1 of the allotment of those funds, was based on 2 meeting the overall goals and expectations of 3 the Ohio Department of Health grant. We 4 partnered with community organizations that 5 were already embedded in doing that work that 6 would help us achieve that goal. 7 Q. And what was the criteria from the 8 Ohio Department of Health grant? 9 A. There -- there were a few criteria. 10 Ultimately our overarching goal was to see a 11 reduction in fatalities attributed to 12 prescription drug overdose deaths. They wanted 13 to see policy, systems and environmental 14 changes take place at institutions. For 15 example, the hospitals or in the higher 16 education settings, policy or systems changes 17 that would have created an environment to 18 assist with prevention efforts or seeing a 19 reduction in those deaths or educating, 20 depending on who the recipient of the funding 21 was. 22 Q. Was there any work that you wanted 23 to pursue that would have been aimed at 24 addressing the opioid abuse epidemic in 25 connection with your work with the Injury</p>	<p style="text-align: right;">Page 364</p> <p>1 because they didn't meet the criteria? 2 A. Only in the sense of mini grants. 3 So in -- in one year or two years, potentially 4 three years, in the final year of the grant, 5 there was supplemental funding that was 6 provided by the Ohio Department of Health for 7 us to offer mini grants to statewide agencies, 8 not just specifically Cuyahoga County. 9 And there were some agencies that 10 applied for those dollars that were not awarded 11 funding because they didn't meet the criteria 12 that the Ohio Department of Health was looking 13 for. 14 Q. Do you recall any agencies in 15 particular? 16 A. Oh, gosh. It was a long time when 17 those applications were submitted. I don't. 18 Q. Did you ever seek grant funding from 19 other sources besides Ohio Department of 20 Health? 21 A. We contributed to applications that 22 were submitted to other agencies other than the 23 Ohio Department of Health. 24 Q. What does that mean, you contributed 25 to other applications?</p>
<p style="text-align: right;">Page 363</p> <p>1 Prevention Grant that you weren't able to do 2 because of lack of funding? 3 A. Yes. One thing that comes to mind 4 was the expansion of our syringe exchange 5 program. That was something that we had looked 6 into and had had conversations about the 7 reality of expanding that program. And funding 8 was -- was one of the issues that was raised in 9 terms of sustaining that program. 10 Q. With respect to the Ohio Department 11 of Health grant in particular, was there any -- 12 you just testified about the criteria that they 13 established. 14 A. Uh-huh. 15 Q. Was there any programs that would 16 have been aimed at the prescription opioid 17 abuse epidemic, as you've called it, that did 18 not fit that criteria? 19 A. I'm sorry. I don't think I 20 understand the question. Can you repeat it -- 21 Q. Sure. 22 A. -- for me, please. 23 Q. Let me ask it a different way. 24 Were there any funding requests that 25 you considered that you ultimately rejected</p>	<p style="text-align: right;">Page 365</p> <p>1 A. There was an application that was 2 submitted or conversations had occurred with 3 potential funding from the CDC that -- if my 4 memory serves me correctly, that MetroHealth 5 took the lead on. And we are -- were one of 6 the stakeholders that were at the table through 7 those discussions with the potential funding 8 from CDC. 9 Q. And do you remember what that 10 initiative was aimed at? 11 A. That initiative was going to be 12 aimed at our jail population as well as 13 medication assisted treatment efforts from 14 within MetroHealth. 15 Q. And did that initiative go forward; 16 do you remember? 17 A. Not at that time. It -- it did not. 18 Q. Now, you recall testifying earlier 19 about your work on the Northeast Ohio Hospital 20 Opioid Consortium? 21 A. Yes. 22 Q. What was the mission of that 23 organization? 24 A. We had a formalized mission. I 25 don't recall specifically what the language was</p>

<p style="text-align: right;">Page 366</p> <p>1 for that mission. But ultimately it was a 2 collaboration of our five large hospital 3 systems to work together collaboratively to 4 address this epidemic. 5 Q. Why was it important for the 6 hospitals to work together collaboratively as 7 opposed to independently? 8 A. Well, as you can imagine, often the 9 hospitals that were participants on the 10 consortium were competitors, and best practice 11 and data was not shared among those hospital 12 systems historically. 13 And so the goal of the consortium 14 was for those hospitals to begin to form 15 collaborative relationships and share best 16 practices. 17 Q. Did you see that happen during your 18 time there? 19 A. It had started to occur. 20 Q. Do you recall specifics? 21 A. The example that we've talked about 22 today was the functionality built into the EMR 23 as well as with education -- systemwide 24 education initiatives. 25 Q. So I -- I think the testimony you're</p>	<p style="text-align: right;">Page 368</p> <p>1 BY MR. GOLDSTEIN: 2 Q. Were there particular individuals -- 3 I know you testified about Dr. Joan Papp at -- 4 A. Yes. 5 Q. -- MetroHealth. 6 But at the other institutions, were 7 there particular individuals that were worked 8 with during your time on the consortium? 9 A. Yes. 10 Q. And who were those individuals? 11 A. So each hospital had identified a 12 physician lead who would participate on the 13 consortium. There was also a layer of 14 government relations representatives as well as 15 foundation team members. 16 And then, just prior to my 17 departure, they had created a subcommittee of 18 nurse -- nursing professionals. 19 Q. Do you recall who the physician lead 20 was at Cleveland Clinic? 21 A. It -- it actually changed a few 22 times in my time there. Initially it was Dr. 23 Lisa Yerian. Dr. David Stream had some 24 involvement. And there's another gentleman who 25 I'm looking right at his face right now, and</p>
<p style="text-align: right;">Page 367</p> <p>1 referring to is -- is the way the hospitals 2 would use the EMR systems to identify what you 3 categorize as overprescribing doctors. 4 Does that sound right? 5 A. That's correct. 6 Q. Did the consortium receive any data 7 from the hospitals related to that effort? 8 A. Not prior to my departure. It was 9 being worked on but had not occurred prior to 10 me leaving. 11 Q. Do you know what format that data 12 was contemplated being produced in? 13 A. No. 14 Q. And what was the point of sharing it 15 with the consortium? 16 What was going to be the purpose of 17 that? 18 MS SACKS: Objection. 19 THE WITNESS: The consortium was 20 collaborating again to share those best 21 practices. And I think, by identifying the 22 trends in the hospital sharing, that it would 23 be informative for the other participating 24 hospitals that did not have the same system in 25 place.</p>	<p style="text-align: right;">Page 369</p> <p>1 his name is escaping me. Apologize. 2 Q. And what about the -- you said 3 there's -- you worked with foundation team 4 members. 5 What did you mean by that? 6 A. So the foundation team members were 7 from the foundation or fundraising level of the 8 hospital systems. And they were represented on 9 the consortium in terms of us seeking potential 10 grant opportunities. 11 Q. Do you remember specifically at 12 Cleveland Clinic who you worked with? 13 A. From the foundations team? 14 Q. Yes. 15 A. Amanda was her first name. I don't 16 recall her last name. 17 Q. And on the government relations side 18 from Cleveland Clinic, do you recall who you 19 worked with? 20 A. There were a few folks, but it was 21 primarily Jennifer Johns. 22 Q. And what about at University 23 Hospital? 24 A. In which role? 25 Q. Sorry.</p>

<p style="text-align: right;">Page 370</p> <p>1 Start with the physician lead.</p> <p>2 A. The physician lead was Dr. Randy</p> <p>3 Jernejcic.</p> <p>4 Q. And what about the foundation team?</p> <p>5 A. The foundation team represented</p> <p>6 [sic] -- representative from University</p> <p>7 Hospital -- I don't recall a -- I don't recall</p> <p>8 his name. I think it was a -- it was a male,</p> <p>9 but I don't recall his name.</p> <p>10 Q. In government relations?</p> <p>11 A. Government relations from University</p> <p>12 Hospitals would have been Dan Bucci or Heidi --</p> <p>13 Heidi Garland.</p> <p>14 Q. The physician team leads, was your</p> <p>15 understanding that they had a role in the -- in</p> <p>16 their respective hospitals related to</p> <p>17 monitoring physicians and their prescribing</p> <p>18 practices?</p> <p>19 A. The physician leads from each</p> <p>20 hospital played some role in the opioid-related</p> <p>21 programming.</p> <p>22 Q. But it changed hospital to hospital?</p> <p>23 A. Yes.</p> <p>24 Q. You talked about using the EMR data</p> <p>25 to identify what you called overprescribers.</p>	<p style="text-align: right;">Page 372</p> <p>1 BY MR. GOLDSTEIN:</p> <p>2 Q. And unfortunately the Bates was cut</p> <p>3 off. But I'll just read it for the record.</p> <p>4 It's CHA 00001777. That's the front page.</p> <p>5 Do you recognize this document?</p> <p>6 MS SACKS: Do you have a copy for</p> <p>7 me?</p> <p>8 MR. GOLDSTEIN: Oh. Apologize.</p> <p>9 MS. SACKS: It's okay.</p> <p>10 MR. GOLDSTEIN: I do. Here it is.</p> <p>11 MS. SACKS: Thank you.</p> <p>12 THE WITNESS: I do recognize this</p> <p>13 document.</p> <p>14 BY MR. GOLDSTEIN:</p> <p>15 Q. What is it?</p> <p>16 A. It is the strategic action plan for</p> <p>17 the northeast Ohio Hospital Opioid Consortium.</p> <p>18 I cannot confirm if this was a draft or final</p> <p>19 copy, but this was completed prior to -- or I'm</p> <p>20 sorry -- post my departure.</p> <p>21 Q. And I'll represent to you in -- in</p> <p>22 tiny letters at the top-right corner it says</p> <p>23 it's -- it's dated -- the effective date is</p> <p>24 November 30th, 2018.</p> <p>25 Does that sound right?</p>
<p style="text-align: right;">Page 371</p> <p>1 And I'm just wondering, when you use</p> <p>2 that term, what are you -- what are you</p> <p>3 referring to?</p> <p>4 What's an overprescriber?</p> <p>5 A. I was referring to metrics that each</p> <p>6 system had put in place for that particular</p> <p>7 department and what would fall within the</p> <p>8 normal realm from that provider treating that</p> <p>9 particular patient. Those metrics and systems</p> <p>10 were put in place by the hospital systems.</p> <p>11 Q. Did you have an understanding as to</p> <p>12 how -- as to what the different metrics were at</p> <p>13 each hospital?</p> <p>14 A. Not entirely, no.</p> <p>15 Q. What was the understanding you had?</p> <p>16 A. One under -- understanding that I</p> <p>17 had had to do with MMEs for -- for opioids in</p> <p>18 different departments. And the functionality</p> <p>19 of the system would create a red flag if that</p> <p>20 particular physician exceeded that limit.</p> <p>21 MR. GOLDSTEIN: I just want to show</p> <p>22 you one document briefly. This will be Exhibit</p> <p>23 18.</p> <p>24 (Deposition Exhibit 18 was marked</p> <p>25 for identification.)</p>	<p style="text-align: right;">Page 373</p> <p>1 A. I don't know when it was completed,</p> <p>2 but --</p> <p>3 Q. And -- and so is this a document</p> <p>4 that you worked on before your departure?</p> <p>5 A. Yes. We had be -- begun the process</p> <p>6 of creating the strategic action plan.</p> <p>7 Q. What prompted you to create this?</p> <p>8 A. To get the hospitals to agree and</p> <p>9 identify common goals.</p> <p>10 Q. And so was -- was the information</p> <p>11 that's reflected here information that was</p> <p>12 provided by the hospitals?</p> <p>13 A. I would need to take a look at the</p> <p>14 document. But the nature of the document was</p> <p>15 collaborative by nature with the hospitals'</p> <p>16 input primarily from the physician leads in</p> <p>17 this document. Not exclusively of the</p> <p>18 physician leads, but...</p> <p>19 Q. Do you know who else besides</p> <p>20 individuals from the various hospitalize</p> <p>21 entities that were members in the consortium</p> <p>22 would have contributed goals to this document?</p> <p>23 A. I can't think of any at least layer</p> <p>24 of representation in the consortium that would</p> <p>25 not have contributed to this document. Meaning</p>

<p style="text-align: right;">Page 374</p> <p>1 that the government relations representatives 2 would have certainly had a say in this 3 document. The physician leader representation 4 from the hospitals absolutely would have had a 5 say. 6 Without reading the final version, I 7 can't say definitively if the foundations team 8 members contributed. 9 Q. But those would all be individuals 10 who are affiliated with the hospitals? 11 A. With the hospitals, yes. 12 Q. And if you just turn very briefly to 13 Page 4 of this document, you see the goal at 14 the top of the page: "Improving Prescribing 15 Practice Within Each Hospital System"? 16 A. I don't think I'm on Page 4. 17 Q. Right there at the top of the page. 18 Yes. 19 A. Yes. 20 Q. And so it lists a goal: "Develop 21 and share quality prescriber peer review and 22 identify outliers." 23 Do you have an understanding of what 24 that's referring to? 25 A. Prior to my departure, it was</p>	<p style="text-align: right;">Page 376</p> <p>1 understanding. 2 Q. Okay. And is the same thing true of 3 the -- the next line down, the educational 4 opportunities? 5 MS SACKS: Objection. 6 BY MR. BOEHM: 7 Q. So the record's clear, it says: 8 "Provide educational opportunities to help 9 prescribers fully incorporate state and federal 10 opioid prescribing guidelines." 11 So I guess my question is what is 12 that referring to? 13 A. Again, this document was finalized 14 after my departure from the Center For Health 15 Affairs. 16 Q. So you don't know? 17 A. I know that we talked about creating 18 systemwide education for all levels of 19 employees within the hospital system. I don't 20 know -- I can't say definitively if that's what 21 this bullet point is referring to. 22 Q. In other words, educational 23 materials that would be uniform across all five 24 hospitals? 25 A. That was the hope prior to my</p>
<p style="text-align: right;">Page 375</p> <p>1 discussed that in part of the functionality of 2 that EMR would be able to capture this 3 information. And there were potentially other 4 sources of information that would contribute to 5 identifying outliers -- prescribing outliers. 6 And "develop and share quality 7 prescriber peer review"... 8 I remember one hospital system in 9 particular talking about a peer-review process 10 that they had developed should a physician have 11 been identified as being an outlier. 12 Q. And so the idea was that this could 13 be a goal that -- that that could -- that model 14 could work in -- strike that. 15 Was the idea that the consortium 16 could adopt a similar model for all five 17 hospitals? 18 A. The idea was that that information 19 would be shared among the hospitals for them to 20 determine if that would be a right fit for 21 their hospital system. 22 Q. So the hospitals would be sharing 23 the systems as opposed to be sharing their own 24 internal peer reviews and outliers? 25 A. That is correct. That is my</p>	<p style="text-align: right;">Page 377</p> <p>1 departure. 2 Q. And why was that a goal? 3 A. To -- to have a standardized message 4 for all hospital systems to have the same 5 message of educating their providers, their 6 staff members and their patients. Really just 7 the hope of creating a unified message. 8 Q. Was there any risk that, if certain 9 hospitals' procedures or guidelines were less 10 stringent than others, that it would lead to 11 sort of patients -- I'll just strike the 12 question. 13 MR. GOLDSTEIN: I'm going to turn it 14 over now to one of my colleagues. But thank 15 you very much -- 16 THE WITNESS: Okay. 17 MR. GOLDSTEIN: -- for your time. 18 We can -- 19 THE WITNESS: Thank you. 20 MR. GOLDSTEIN: -- go off the record 21 for a minute. 22 THE VIDEOGRAPHER: We are going off 23 the record. 24 The time is 6:24. 25 (A short recess was taken.)</p>

<p style="text-align: right;">Page 378</p> <p>1 THE VIDEOGRAPHER: We are back on 2 the record. 3 The time is 6:24. 4 You may proceed, Counsel. 5 MR. MOYLAN: Thank you. 6 EXAMINATION BY COUNSEL FOR DEFENDANTS 7 CVS INDIANA, LLC and CVS RX SERVICES, INC. 8 BY MR. MOYLAN: 9 Q. Ms. Leppla, again, my name is Daniel 10 Moylan. I represent the CVS defendants in the 11 litigation. I have relatively few questions 12 for you. 13 The first is have you ever heard of 14 a company before called CVS Indiana, LLC? 15 A. I've heard of CVS, not the LLC in 16 its entirety. 17 Q. Okay. Have you heard of a company 18 called CVS Rx Services, Inc.? 19 A. No. 20 Q. So is it fair to -- for me to infer 21 that you have no understanding of what their -- 22 what the -- the business of those entities is? 23 A. I -- I would think that would be 24 fair. 25 Q. Okay. Were you aware that either of</p>	<p style="text-align: right;">Page 380</p> <p>1 A. I do not. 2 Q. Did you -- I think you testified to 3 -- to this before. 4 But you did not review any of the 5 allegations in the complaint in this case; is 6 that correct? 7 A. That is correct. 8 Q. Okay. So it's -- it's fair to say 9 that you don't -- you're unaware that, with 10 respect to each of the national retail pharmacy 11 chains, they're not sued in their role as 12 dispensers of medications; is that correct? 13 A. That is correct. 14 Q. During your time at the Cuyahoga 15 County Board of Health, did you ever have 16 occasion to have personal discussions with 17 personnel from CVS regarding the programming or 18 services related to opioids that you were 19 involved in? 20 A. Not to my knowledge. 21 Q. Same question with respect to Rite 22 Aid: Have you ever communicated with Rite Aid 23 personnel regarding efforts to combat the 24 prescription opioid epidemic in Cuyahoga 25 County?</p>
<p style="text-align: right;">Page 379</p> <p>1 those companies is defendants in this case? 2 A. No. 3 Q. Okay. So you don't have any 4 understanding of the nature of the claims 5 against either of them? 6 A. No. 7 Q. In addition to CVS, were you aware 8 that any other national retail pharmacy chains 9 are defendants in this case? 10 A. No. 11 Q. So you were unaware that Rite Aid is 12 a defendant? 13 A. That is correct. I was unaware. 14 Q. Okay. Unaware that Walgreens is a 15 defendant? 16 A. Unaware. 17 Q. And you're unaware that Wal-Mart is 18 a defendant in the litigation? 19 A. Until today when introductions were 20 made, I did not know that Wal-Mart was a 21 defendant. 22 Q. Okay. And as to each one of them, 23 you don't have any understanding of the nature 24 of the claims against those entities in this 25 case?</p>	<p style="text-align: right;">Page 381</p> <p>1 A. Not to my knowledge. 2 Q. And have you ever had any 3 interactions with personnel from Walgreens 4 concerning efforts to combat the opioid crisis 5 in Cuyahoga County? 6 A. Not personally, no. 7 Q. When you say "not personally," are 8 you aware of other interactions that CCBH 9 personnel have had with Walgreens personnel? 10 A. I can't say definitively if it was a 11 CCBH personnel that had the conversation. I 12 know that one of the -- or a member of the task 13 force or some community partner along the way 14 had discussions with Walgreens potentially in 15 their distribution efforts of Naloxone without 16 a prescription. 17 Q. Okay. Do you remember the name of 18 the task force partner who had those kind of -- 19 those discussions? 20 A. I do not. 21 Q. Okay. And you're unaware of who at 22 Walgreens they interacted with? 23 A. That is correct. 24 Q. Have you ever personally interacted 25 with any -- anyone from Wal-Mart on efforts to</p>

<p style="text-align: right;">Page 382</p> <p>1 deal with the prescription opioid epidemic in 2 Cuyahoga County? 3 A. Not to my knowledge. 4 MR. MOYLAN: Okay. That's all the 5 questions I have. 6 THE WITNESS: Okay. 7 MR. MOYLAN: Thank you. 8 THE WITNESS: Thank you. 9 MR. MOYLAN: Go off the record 10 again? 11 MR. BOEHM: Well, we can. 12 Shayna, are you going have any 13 questions? 14 MS SACKS: No. 15 MR. BOEHM: Okay. So I think that's 16 -- 17 MR. MOYLAN: Okay. 18 MS. SACKS: Okay. 19 MR. BOEHM: I don't know -- 20 MS. SACKS: I didn't know if they 21 did. 22 MR. BOEHM: I don't know that we 23 need to go off the record. 24 Any other questions? 25 Thank you for your time.</p>	<p style="text-align: right;">Page 384</p> <p style="text-align: center;">C E R T I F I C A T E</p> <p>1 2 3 I, Bonnie L. Russo, Certified Shorthand 4 Reporter, and Notary Public, hereby certify: 5 That ALLISYN LEPPLA was duly sworn by 6 me, an authorized Notary Public, and that this 7 deposition is a true and correct record of the 8 testimony given by such witness to the best of 9 my knowledge and ability. 10 I further certify that I am not related 11 to any of the parties to this action and that I 12 am in no way interested in the outcome of this 13 matter. 14 In witness whereof, I have hereunto set 15 my hand this day, January 17, 2019. 16 17  18 Bonnie L. Russo 19 Certified Shorthand Reporter 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 383</p> <p>1 THE VIDEOGRAPHER: We are off the 2 record at 6:29 p.m. 3 And This concludes today's testimony 4 given by Allisyn Leppla. 5 The total number of media units used 6 was four and will be retained by Veritext Legal 7 Solutions. 8 (Whereupon, the proceeding was 9 concluded at 6:29 p.m.) 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 385</p> <p>1 Veritext Legal Solutions 2 1100 Superior Ave 3 Suite 1820 4 Cleveland, Ohio 44114 5 Phone: 216-523-1313 6 7 January 18, 2019 8 To: Shayna E Sacks, Esq 9 10 Case Name: In Re: National Prescription Opiate Litigation 11 Veritext Reference Number: 3191877 12 13 Witness: Allisyn Leppla Deposition Date: 1/15/2019 14 15 Dear Sir/Madam: 16 17 Enclosed please find a deposition transcript Please have the witness 18 review the transcript and note any changes or corrections on the 19 included errata sheet, indicating the page, line number, change, and 20 the reason for the change Have the witness' signature notarized and 21 forward the completed page(s) back to us at the Production address 22 shown 23 above, or email to production-midwest@veritext.com 24 25 If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived Sincerely, Production Department NO NOTARY REQUIRED IN CA</p>

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<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 3191877 CASE NAME: In Re: National Prescription Opiate Litigation DATE OF DEPOSITION: 1/15/2019 4 WITNESS' NAME: Allisyn Leppla 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me 7 I have made no changes to the testimony as transcribed by the court reporter 8</p> <p>9 Date _____ 10 Sworn to and subscribed before me, a 11 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: 12 13 They have read the transcript; 14 They signed the foregoing Sworn Statement; and 15 Their execution of this Statement is of their free act and deed 16 17 I have affixed my name and official seal this _____ day of _____, 20____ 18 19 _____ Notary Public Commission Expiration Date 20 21 22 23 24 25</p>	<p>1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST 2 ASSIGNMENT NO: 1/15/2019 3 PAGE/LINE(S) / CHANGE /REASON 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 Date _____ 21 Allisyn Leppla 22 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 23 DAY OF _____, 20____ . 24 _____ Notary Public 25 _____ Commission Expiration Date</p>
<p>Page 387</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 3191877 CASE NAME: In Re: National Prescription Opiate Litigation DATE OF DEPOSITION: 1/15/2019 4 WITNESS' NAME: Allisyn Leppla 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s) 9 I request that these changes be entered as part of the record of my testimony 10 11 I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my 12 testimony and be incorporated therein 13 14 Date _____ Allisyn Leppla 15 Sworn to and subscribed before me, a 16 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: 17 They have read the transcript; 18 They have listed all of their corrections in the appended Errata Sheet; 19 They signed the foregoing Sworn Statement; and 20 Their execution of this Statement is of their free act and deed 21 I have affixed my name and official seal 22 this _____ day of _____, 20____ 23 _____ Notary Public 24 _____ Commission Expiration Date 25</p>	

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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